



**Marshall University Joan C. Edwards School of Medicine
(MU/JCESOM) Biomedical Research Program Recommendation Form**

► To be completed by the student applicant:

Please provide a copy of this form to three references who can comment on your interest in the Biomedical Research Program at the Marshall University Joan C. Edwards School of Medicine as well as on your ability, potential, and readiness for the Program. Your references should not include relatives.

Applicant Name (Please Print): _____

Applicant Waiver: I do I do not waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights & Privacy Act of 1974 (FERPA). The MU/JCESOM may, therefore, consider it confidential.

Signature

Date



► To be completed by the referee:

We are grateful for your assistance on behalf of this applicant. Please complete this form promptly, sign, date, scan, and e-mail directly to Graduate Admissions at services@marshall.edu AND Marie Murphy at murphyma@marshall.edu.

1. Applicant Name: _____

2. How long have you known the applicant?

In what specific capacity? _____

3.

Characteristic	Outstanding (Top 5%)	Excellent (Top 10%)	Above Average (Upper 25%)	Average (Upper 50%)	Below Average (Lower 50%)	No Basis for Judgement/ Unknown
Creative, Original thought						
Maturity						
Independence, Initiative						
Intellectual ability						
Academic achievement						
Communication skills						
Emotional stability						
Disciplined work habits						
Motivation for science						

4. What are the first words that come to your mind to describe the applicant?

5. Does the applicant possess any special assets that should be noted? If yes, please describe:

Recommendation (check one):

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservation.

Signature of Reference: _____

Date: _____ Phone: _____ E-mail: _____

Please Print Name and Title: _____

Mailing Address: _____