



Letter of Recommendation

To be completed by the applicant

_____ has applied to the LSUHSC-NO School of Graduate Studies to work towards a degree in the _____ program.

I hereby agree to waive my access to this recommendation _____
Signature of Applicant

To be completed by the sponsor

The information provided on this form is important in evaluating the suitability of the applicant for training in research and teaching in the health sciences. Please give detailed information about the applicant.

- 1. How long have you known the applicant? _____
- 2. From what association do you know the applicant? _____

3. Please rate the applicant with respect to specific attributes for graduate studies by placing a in the appropriate space.

	Best Ever	Excellent	Good	Average	Below Average	Unknown
a. Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drive and persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ability to collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Potential as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Indicate your overall evaluation of the applicant. I consider the applicant to be in the **UPPER** 1% 5% 10% 25% 33% 50% of the students I have taught.
- 5. In your opinion, does the applicant have the intellectual curiosity that is essential for graduate study? Is the applicant motivated by a real spirit of inquiry?



6. Is the applicant able to initiate and complete projects with a minimum of help or direction?

7. Can the applicant be counted on to meet deadlines with regularity and promptness?

8. Give your overall recommendation of the applicant.

Strongly recommended Satisfactory Not suitable at this time Not recommended

9. In the space provided, please elaborate on any aspect of the student's background or accomplishments (positive or negative) about which you would like to comment. If possible, indicate the relative performance of the student in the class or classes you have taught.

Name and Highest Degree (please type) _____

Signature _____ Date _____

Position _____ Phone or Email _____

Address _____