

## Application for Academic Honors Program in Medical Neurobiology (MD-MS)

**Reference Report on Applicant** Name of Applicant \_\_\_\_\_ Middle Year of medical class \_\_\_\_\_ If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here: Applicant's Signature \_\_\_\_ Complete this form on the candidate noted above. If additional space is required, use university or business letterhead. 1. How long have you known the applicant? \_\_\_\_\_\_ In what capacity?\_\_\_\_\_ 2. The Admissions Committee will be very grateful for your estimate of the applicant's preparation, aptitude, and creativity for independent work and likelihood of succeeding in an academic career. 3. Please comment on the applicant's motivation, maturity, self-confidence, and strength of commitment as it relates to the Program and chosen career path. 4. Among the students at a similar level whom you have taught in recent years, how would you rate this student? Among the very best Top 5% Тор 10% Top quarter Signature Name of recommender (please print) Position, profession or occupation Phone (\_\_\_\_\_) E-mail address Professional address \_\_\_\_\_