



Rating Sheet

Mayo Graduate School M.D.-Ph.D. Program

Recommendation for: _____

Print Applicant Name

In addition to your letter of recommendation, using the chart below, please rate the applicant relative to other students you have known in a similar capacity.

	Inadequate Opportunity to Observe	Below Average	Average Top 50%	Good Top 30%	Excellent Top 10%	Outstanding Top 2%
Motivation for training in research						
Intellectual potential and curiosity						
Ability to analyze/ problem solve						
Creativity and imagination						
Communication skills: oral						
Communication skills: written						
Ability to work with others						
Maturity						
Emotional stability						
Industry and persistence						
Planning and organizational skills						
Ethics and integrity						
OVERALL PROMISE						

Recommender Signature

Name (please print)

Title

Department

Institution

Telephone Number

To be completed by student:

I do ___ do not ___ waive my right of access to this recommendation form and accompanying letter.

Student's Signature

Return by E-mail to mayomstp@mayo.edu (must come from recommender's e-mail address); by Fax to 507-293-0838 or by Regular Mail to Mayo Graduate School, Attn: M.D.-Ph.D. Program, Guggenheim 2-24, 200 First Street SW, Rochester, MN 55905