



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						
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						
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 to: Mayo Graduate School, Attn: M.D. – Ph.D. Program
Guggenheim 2-24, 200 First Street SW, Rochester, MN 55905
Fax 507-293-0838