

## SUMMER INTERNSHIP PROGRAM

LETTER OF RECOMMENDATION FOR MR. TEST-PATRICIA TEST-WAGNER

OMB No. 0925-0299

Expiration Date 3/31/2014

[Respondent Burden](#)

**Instructions:**

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the button below to submit your letter.**

### Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title	First Name	MI	Last Name

Address:

Phone:

### Reference Letter

Please include your name, academic rank, department and institution in your signature block.

Submit



## BIOMEDICAL ENGINEERING SUMMER INTERNSHIP PROGRAM

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OMB No. 0925-0299

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Phone:

### Reference Letter

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## POSTBACCALAUREATE IRTA PROGRAM

LETTER OF RECOMMENDATION FOR MR. TEST-PATRICIA TEST-WAGNER

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## SUMMER INTERNSHIP PROGRAM

### LETTER OF RECOMMENDATION FOR MR. TEST-PATRICIA TEST-WAGNER

OMB No. 0925-0299  
Expiration Date 3/31/2014  
[Respondent Burden](#)

NOTE: The CCSEP uses the same application form as the Summer Internship Program.

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Title	First Name	MI	Last Name

Address:

Phone:

#### Reference Letter

Please include your name, academic rank, department and institution in your signature block.





## TECHNICAL IRTA PROGRAM

LETTER OF RECOMMENDATION FOR MR. TEST-PATRICIA TEST-WAGNER

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- **Click on the button below to submit your letter.**

### Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

**Name:**

Title	First Name	MI	Last Name

**Address:**

**Phone:**

### Reference Letter

Please include your name, academic rank, department and institution in your signature block.

**Submit**




 

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[home](#)

## GRADUATE PARTNERSHIP PROGRAM

LETTER OF RECOMMENDATION FOR {VARAPPLICANTNAME}

OMB No. 0925-0299

Expiration Date 3/31/2014

[Respondent Burden](#)

**Instructions:**

- Please complete the form and click on the button below to submit your evaluation and letter of reference.
- We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.

● Indicates a required field.

### Evaluation Form

**Length:** How long have you known the applicant?

 ●

**Capacity:** In what capacity have you known the applicant?

 ●

The evaluation form asks for your assessment on several aspects using the following rating system.

- 5 = Exceptional – Top 1%
- 4 = Excellent – Top 10%
- 3 = Above Average – Top 25%
- 2 = Average – Top 50%
- 1 = Below Average – Bottom 50%

**Note:**

**Overall Impression:**

5  4  3  2  1

**Intelligence:**

5  4  3  2  1

**Writing Ability:**

5  4  3  2  1

**Initiative:**

5  4  3  2  1

**Analytical Ability:**

5  4  3  2  1

**Interpersonal Skills:**

5  4  3  2  1

**Honesty:**

5  4  3  2  1

**Research Ability:**

5  4  3  2  1

**Motivation:**

5  4  3  2  1

**Knowledge of Field:**

5  4  3  2  1

Verbal Ability:

5  4  3  2  1

Confidence:

5  4  3  2  1

Maturity:

5  4  3  2  1

### Recommendation Letter

Please **copy and paste your letter of reference into the boxed area below**. Please include your name, academic rank, department and institution in your signature block.

Submit



## RESEARCH CONFERENCE

LETTER OF RECOMMENDATION FOR TEST-PATRICIA TEST-WAGNER

OMB No. 0925-0299

Expiration Date 3/31/2014

[Respondent Burden](#)

### Instructions:

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- **Click on the button below to submit your letter.**

[Review Criteria for Applications](#)

### Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

**Name:**

	Title	First Name	MI	Last Name
<b>Address:</b>	<input type="text" value="REF1-Address"/>			
<b>Phone:</b>	<input type="text" value="111-111-1111"/>			

### Reference Letter

Please include your name, academic rank, department and institution in your signature block.

Anticipated Ph.D. Completion Date:

Submit



## UNDERGRADUATE SCHOLARSHIP PROGRAM

LETTER OF RECOMMENDATION FOR MR. FIRSTNAME LASTNAME

OMB No. 0925-0299

Expiration Date 3/31/2014

[Respondent Burden](#)

### Instructions:

- Please complete the form and click on the button below to submit your evaluation and letter of reference.
- We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.

● Indicates a required field.

### Evaluation Form

**Length:** How long have you known the applicant?

 ●

**Capacity:** In what capacity have you known the applicant?

 ●

The evaluation form asks for your assessment on several aspects using the following rating system.

- 5 = Exceptional - Top 1%
- 4 = Excellent - Top 10%
- 3 = Above Average - Top 25%
- 2 = Average - Top 50%
- 1 = Below Average - Bottom 50%

**Note:** Mr. Firstname Lastname has waived access to view your letter of recommendation.

#### Overall Impression:

5  4  3  2  1

#### Intelligence:

5  4  3  2  1

#### Writing Ability:

5  4  3  2  1

#### Initiative:

5  4  3  2  1

#### Analytical Ability:

5  4  3  2  1

#### Interpersonal Skills:

5  4  3  2  1

#### Honesty:

5  4  3  2  1

#### Research Ability:

5  4  3  2  1

#### Motivation:

5  4  3  2  1

#### Knowledge of Field:

5  4  3  2  1

#### Verbal Ability:

5  4  3  2  1

#### Confidence:

5  4  3  2  1

#### Maturity:

5  4  3  2  1

#### Service Obligation:

**Service Obligation**

Indicate the likelihood of the applicant completing the service obligation associated with the UGSP scholarship.

- 5
- 4
- 3
- 2
- 1

**Recommendation Letter**

Please **copy and paste your letter of reference into the boxed area below**. Please include your name, academic rank, department and institution in your signature block.

Submit





[home](#)

## RESPONDENT BURDEN

[Back to Previous Page](#)

### Statement for Applicants/Registrants

Public reporting burden for this collection of information is estimated to average 60–minutes per submission, including the time for reviewing instructions, frequently asked questions, and entering data in the form fields. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892–7974, ATTN: PRA 0925–0299. Do not return the completed form to this address.

### Statement for References

Public reporting burden for this collection of information is estimated to average 15–minutes per response, including the time for reviewing instructions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892–7974, ATTN: PRA (0925–0299). Do not return the completed form to this address.

[Back to Previous Page](#)



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[home](#)

## PRIVACY ACT NOTIFICATION STATEMENT

### MESSAGE

[Back to Previous Page](#)

The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary; however, in order for the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C) and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.

[Back to Previous Page](#)

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