

National Institute of Food and Agriculture
US Department of Agriculture
NIFA-08-10
OMB No. 0524-NEW
Form Approved For Use Through TBD

## **Recommendation Form**

## **NIFA Veterinary Medicine Loan Repayment Program**

Instructions: Please provide the following information and send it to NIFA by email at <a href="mailto:vmlrp@nifa.usda.gov">vmlrp@nifa.usda.gov</a> or fax at (202) 720-6486. Please retain a copy in case delivery failure requires resubmission of this form.

Section 1. Recommender In	formation			
Recommender's Name:				
	First Name	Middle Name	Last Name	Suffix
Relationship to Applicant:				
Position/Title:				
Organization:				
Work Address:				
	City		State	Zip Code+4
Telephone Number:				
	(Area code required)			
Email Address:				
Section 2. Applicant Informa	ation			
Section 2. Applicant informa	ation			
Applicant's Name:				
	First Name	Middle Name	Last Name	Suffix
How long have you known				
the applicant? (include approximate dates)				
	(Please limit your response	to 50 characters)		

## **Section 3. Recommendation**

**Instructions:** All fields on this form are required. You may elect to cut and paste text from another document into the text fields. If you have no further information to add to a question, please indicate "No Comment" or "N/A".

Select the rating that best indicates your assessment of the applicant in relation to his/her peers.

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I certify that the statements herein are true, accurate, and complete.					
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Signature

Date

Public reporting for collection of information is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the date needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current 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 NIFA, OEP, 800 9<sup>th</sup> St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.

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