

NATIVE AMERICAN VISIT WEEK -RECOMMENDATION LETTER

OMB Clearance Number: 0925-0299
Expiration Date: 30-Jun-2019

STUDENT INFORMATION

Student First Name (Given Name):

Student Last Name (Family Name):

Student E-mail Address:

(check accuracy)

REFERENCE INFORMATION

Reference Title:

Reference First Name (Given Name):

Reference Last Name (Family Name):

Reference E-mail Address:

(check accuracy)

LETTER OF RECOMMENDATION

How long have you known the student?

In what capacity have you known the student?

Letter of Recommendation

(click and drag the icon in the lower right corner to expand the field)

Submit Survey

Cancel

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 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.

