



home

GRADUATE PARTNERSHIPS PROGRAM

LETTER OF RECOMMENDATION FOR FORENAME SURNAME

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

Instructions:

Thank you for taking the time to complete and submit the NIH Office of Intramural Training & Education (OITE) evaluation table and letter of recommendation form for the Graduate Partnerships Program (GPP). Your recommendation is very important to our selection process. We recommend that you compose your letter off-line and paste into the space provided. If you attempt to compose your letter while logged on to this site, you could experience a connection timeout or another technical problem beyond our control, which could result in your text being irretrievably lost. Should you have any technical issues or questions, please email me at your earliest convenience.

Letters of recommendation uploaded from a letter service are not acceptable. If you are a representative from a letter service, please do not proceed with submitting this form. The use of a letter service for a reference may trigger a technical issue that could seriously compromise the student's application. Recommendation letters must be received directly from those providing references.

Indicates a required field.

Evaluation Form		
Length:	How long have you known the applicant?	<input type="text"/>
Capacity:	In what capacity have you known the applicant?	<input type="text"/>
<p>The evaluation form asks for your assessment on several aspects using the following rating system.</p> <ul style="list-style-type: none"> 5 = Exceptional - Top 1% 4 = Excellent - Top 10% 3 = Above Average - Top 25% 2 = Average - Top 50% 1 = Below Average - Bottom 50% 		
<p>Note: Dr. Patricia Wagner has waived access to view your letter of recommendation.</p>		
<p>Overall Impression:</p> <p><input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>		
Intelligence:	Writing Ability:	Initiative:
<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Analytical Ability:	Interpersonal Skills:	Honesty:

<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Research Ability: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Motivation: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Knowledge of Field: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Verbal Ability: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Confidence: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Maturity: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1

Recommendation Letter

Please paste your letter in the window below. Be sure to include your name, academic rank, department, and institution in your signature block.

Best regards,
Dr. Patricia Wagner

Director of Admissions & Registrar
Graduate Partnerships Program
Office of Intramural Training & Education
National Institutes of Health
2 Center Drive: Building 2 / Room 2E06
Bethesda, Maryland 20892-0234
Cell: 240-476-3619
Email: wagnerpa@od.nih.gov
Web: <https://www.training.nih.gov/>

Submit

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.