

## POSTBACCALAUREATE IRTA PROGRAM

LETTER OF RECOMMENDATION FOR FORENAME SURNAME

OMB Clearance Number: 0925-0299 Expiration Date 30-June-2022

## **Instructions:**

- 1. Copy and paste your letter of reference into the boxed area below. We strongly 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.
- 2. Click on the button below to submit your letter.

Reference Letter					
If applicable, please update the fields below so that they correctly reflect your title, name, and phone number.					
Name	Dr. 🗘				•
	Title	First Name	MI	Last Name	
Phone	•			•	
Reference Letter Please paste your I signature block.	letter in the v	vindow below. Be sure to inc	lude your name,	academic rank, department, and ins	stitution in your

## 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.

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