



National Institutes of Health



Research & Training Opportunities Recommendation for APPLICANT-NAME



OMB No.: 0925-0299
Expiration: 03/31/2027



Instructions: Please complete the form below and press the [Preview & Continue] button at the bottom of the page to review your entry.
Pat Wagner has requested that you submit a recommendation. Before you proceed, please verify that the information below is accurate.

Your name: **APPLICANT-NAME** [Update](#)

Your phone number: **APPLICANT-PHONE-NUMBER**

Recommendation for APPLICANT-NAME

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

Evaluation

The evaluation form asks for your assessment of the applicant on several factors using the following rating scale.

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

Overall Impression: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Intelligence: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Writing Ability: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment
Initiative: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Analytical Ability: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Interpersonal Skills: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment
Honesty: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Research Ability: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Motivation: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment
Knowledge of Field: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Verbal Ability: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment	Confidence: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment
Maturity: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ No comment		

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