



home

GRADUATE PARTNERSHIPS PROGRAM

LETTER OF RECOMMENDATION FOR FIRSTNAME LASTNAME

OMB No. 0925-0299
 Expiration Date 8/31/2016
[Respondent Burden](#)

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 of another technical problem beyond our control, which could result in your text being irretrievably lost. Should you have any technical issues or questions, please e-mail 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?

Capacity: In what capacity have you known the applicant?

The evaluation form asks for your assessment on several aspects using the following rating system.

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

Note: FIRSTNAME LASTNAME has waived his/her right to access the information contained in your letter of recommendation. See the [Family Educational Rights & Privacy Act](#).

Overall Impression:

5 4 3 2 1

Intelligence:

5 4 3 2 1

Writing Ability:

5 4 3 2 1

Initiative:

5 4 3 2 1

Analytical Ability: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Interpersonal Skills: <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	Honesty: <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 **copy and paste your letter of reference into the boxed area below**. Please 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
 E-Mail: wagnerpa@od.nih.gov
 Web: <https://www.training.nih.gov/>



UNDERGRADUATE SCHOLARSHIP PROGRAM

LETTER OF RECOMMENDATION FOR FIRSTNAME LASTNAME

OMB No. 0925-0299
 Expiration Date 8/31/2016
[Respondent Burden](#)

Instructions:

- Please complete the form and click on the button below to submit your evaluation and letter of reference.
- We 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.

● Indicates a required field.

Evaluation Form

Length: How long have you known the applicant?

●

Capacity: In what capacity have you known the applicant?

●

The evaluation form asks for your assessment on several aspects using the following rating system.

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

Note: FIRSTNAME LASTNAME has waived access to view your letter of recommendation.

Overall Impression:

5 4 3 2 1

Intelligence:

5 4 3 2 1

Writing Ability:

5 4 3 2 1

Initiative:

5 4 3 2 1

Analytical Ability:

5 4 3 2 1

Interpersonal Skills:

5 4 3 2 1

Honesty:

5 4 3 2 1

Research Ability:

5 4 3 2 1

Motivation:

5 4 3 2 1

Knowledge of Field:

5 4 3 2 1

Verbal Ability:

5 4 3 2 1

Confidence:

5 4 3 2 1

Maturity:

5 4 3 2 1

Service Obligation:

Indicate the likelihood of the applicant completing the service obligation associated with the UGSP scholarship.

5 4 3 2 1

Recommendation Letter

Please **copy and paste your letter of reference into the boxed area below**. Please include your name, academic rank, department and institution in your signature block.

Submit



NIH VISIT WEEK - RECOMMENDATION LETTER

OMB No. 0925-0299

Expiration Date: August 31, 2016

Respondent Burden

Below is the recommendation form for the NIH Visit Week. NIH Visit Week is designed to bring Native American students to the Bethesda campus to learn about resources and training opportunities at the National Institutes of Health. Your letter of recommendation will carry significant weight in the selection process. Please comment on this student's academic strengths, interest in biomedical research, and why you think the student would be a good candidate to attend the NIH Visit Week. Your recommendation letter is due by March 30, 2015.

STUDENT INFORMATION

Student First Name (Given Name):

Student Last Name (Family Name):

Student E-mail Address:

REFERENCE INFORMATION

Reference Title:

Reference First Name (Given Name):

Reference Last Name (Family Name):

Reference E-mail Address:

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

