

RECOMMENDATION FORM

FOR GRADUATE STUDIES IN THE DEPARTMENT OF PHYSIOLOGY

To the Applicant:

Please complete this section and give one form to each of your references.

Name of applicant _____
Last First

Degree sought: Ph.D. M.S.

Name of person requested to provide the recommendation

Federal legislation provides me with a right of access, which may be waived, to this recommendation and no school or person can require me to waive this right. I have voluntarily checked and signed the appropriate statement relative to my rights.

_____ I hereby waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation and all relevant information to the Graduate Program Committee members of the Department of Physiology.

Signature _____ Date _____

_____ I do not waive my right of access to this recommendation, but I authorize the person named above to provide a candid evaluation and all relevant information to the Graduate Program Committee members of the Department of Physiology.

Signature _____ Date _____

To individual asked to submit the recommendation:

Your candid evaluation of the applicant will assist the Graduate Program Committee in the assessment of the applicant's potential for graduate studies. We have a rigorous program that requires the student to conduct laboratory research under the direction of a faculty advisor, to write a thesis (M.S.) or dissertation (Ph.D.), to teach in the undergraduate laboratories, and to take graduate level coursework. Recommendations that provide details and address the following areas would be most helpful and appreciated:

1. The length of time and the capacity in which you have known the applicant.
2. Your assessment of the applicant's intellectual ability and scientific aptitude.
3. The applicant's character and interactions with faculty and other students.
4. The applicant's experience and interest in conducting laboratory research and teaching.

Please give your overall level of enthusiasm for the applicant's likely success in the degree indicated.

superior _____ very strong _____ good _____ fair _____ poor _____

Signature _____ Date _____

Name _____

Position _____

Address _____

We recognize the time and effort that is required to evaluate a student and we appreciate your efforts.

Please use this form and attach a letter on university/official letterhead and send to:

Director of Graduate Studies
Department of Physiology
School of Medicine
Southern Illinois University
Carbondale, IL 62901-6512

Or send as attachments with an email to: physiology@siumed.edu