

# RECOMMENDATION FORM-EPI NIGERIA

*Institute of Human Virology, University of Maryland School of Medicine*

*Institute of Human Virology- Nigeria*

<b>Name on Transcripts:</b> _____ _____
<b>Last Name:</b> _____ <b>First Name:</b> _____
<b>Degree applying to:</b> _____

Please send recommendations (3 required) directly to the program or department to which you desire admission. See campus addresses under Graduate Programs Directory at: <http://www.graduate.umaryland.edu/programs/K>

**Instructions to Applicant:** Please complete the information above, complete waive access and signature. Then, give this form to the person who will offer a recommendation on your behalf.

Do you wish to waive access to your letters? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to the Recommender:** Please write an assessment of the applicant above. We are particularly interested in the applicant's potential as a scholar/researcher in Implementation and Dissemination Science and Epidemiology, leadership and perseverance, research experience, strengths, weaknesses, and any details that would help our review committee judge the applicant's ability to succeed in graduate school. Also, please give your impression of the applicant using the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical Ability						
Breadth of Knowledge						
Verbal Expression Skills						
Written Expression Skills						
Perseverance						
Maturity						
Potential as Scholar/Researcher						
Overall Academic Potential						

**Additional Comments or recommendation letter may be attached to this form.**

Reviewers' Name and Title \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_