MOREHOUSE SCHOOL OF MEDICINE
B.S./M.S. in Neuroscience
720 Westview Drive, S.W.,
Atlanta, GA 30310-1495

LETTER OF REFERENCE

B.S./M.S. in Neuroscience ⬭

Applicant's Name: _____
(Last)   (First)   (Middle)

Recommender's Name: _____
(Last)   (First)   (Middle)

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA, also known as the Buckley Amendment) I have _____ have not _____ waived the right of access to review the letters of recommendation.   Date _____ Signature of Applicant _____

1. a) How long have you known the applicant? O Less than one year O More than one year
   b) How well do you know the applicant? O Casually O Fairly well O Very well
   c) In what capacity have you known the applicant? O An advisee O Teaching Assistant O Research Assistant
                              O In your class(es) O In your employ O Other
                                                                             (please specify below)

2. Where would you rank this student with respect to:

	Lower 25%	Mid 25%	Upper 25%	Top 10%	Unable to Judge
Employees working in your department	O	O	O	O	O
Students currently in your department	O	O	O	O	O
Students you have sent to master's programs	O	O	O	O	O
Students you have sent to doctoral programs	O	O	O	O	O
Orientation to research	O	O	O	O	O

3. Please rate the applicant on the attributes listed below with respect to others at the same academic/employment level:

	Lower 25%	Mid 25%	Upper 25%	Top 10%	Unable to Judge
Basic intellectual ability	O	O	O	O	O
Knowledge and competence	O	O	O	O	O
Motivation and diligence	O	O	O	O	O
Research ability	O	O	O	O	O
Maturity and social skills	O	O	O	O	O
Work habits	O	O	O	O	O
Orientation to biomedical research	O	O	O	O	O
Originality, aptitude for independent problem solving	O	O	O	O	O
Ability to communicate orally	O	O	O	O	O
Ability to communicate in writing	O	O	O	O	O

(over)

4. If you alone were making the admission decision on this applicant, which of the following would it be?

O   Actively recruit - will be a truly outstanding student and biomedical scientist.

O   Definitely accept - will complete the indicated program at a superior level.

O   Accept - should complete the indicated program at a satisfactory level.

O   Accept - with reservation. (Please attach explanation)

O   Do not accept. (Please attach explanation)

5. We are interested in your knowledge and opinion of this individual's qualifications and capabilities to enter professional education for biomedical research at the doctoral level. Some factors viewed as important for success in this program are intellectual capacity, leadership ability, motivation, emotional maturity and research potential.

Please attach a separate letter. Thank you for your cooperation.

Name _____ Date _____

Title _____

Prompt return of this reference will be appreciated both by the Program and the applicant. The application cannot be considered for admission until all application materials have been received by the Admissions Office.

Please return to: *Office of Admissions or email to vwise@msm.edu*

Graduate Education in Biomedical Sciences
B.S./M.S. Program in Neuroscience
Morehouse School of Medicine
720 Westview Dr., SW
Atlanta, GA 30310-1495

Deadline: