



PRINBRE
IDeA Network of Biomedical Research Excellence

Name of Applicant: _____

I do () do not () waive my right to see the completed reference report.

Signature: _____

Name of Respondent: _____

Title and Dept.: _____ **Institution:** _____

Acquaintance with Applicant:

1. I have known the applicant for _____ years and _____ months.
2. I have known the applicant as a:
 - () student in class () student in laboratory section
 - () research student () other (specify)

Applicant's Overall Scientific Potential:

In comparison with a representative group or college students in the same field and at the same level, how do you rate the applicant's potential?

- | | |
|-------------------------------|--|
| () Truly Exceptional: | Equivalent to the very best you have known. A person who your opinion appears once every five-ten years. |
| () Outstanding: | Comparable to the best student in a current class (highest 5%) |
| () Unusual: | Next Highest 10% |
| () Above Average: | Not in upper 15%, but definitely in upper 25% |
| () Average: | Probably capable of pursuing a career in science at the graduate level. |

Comments:

In the space below (use other page if necessary), please describe the applicant's abilities and his/her potential as a scientist (versatility, ability to make sound judgments, academic weaknesses, if any). Also comment, if possible, on the applicant's future career objective and interest in scientific research.

Signature:_____ **Date:** _____