AMERICAN ACADEMY OF NEUROLOGY® MUSC Health Medical University of South Carolina NIH National Institutes of Health

Recommendation Form

Your First and Last Name:

Relation to Applicant

☐ Department Chair ☐ Mentor ☐ Colleague

Applicant's First and Last Name:

To the Referee:

The applicant named above wishes you to provide a recommendation on behalf of her/his application for admission to the TRANSCENDS program at the Medical University of South Carolina, supported by the American Academy of Neurology. We would greatly appreciate your objective evaluation of the applicant's qualifications. Please complete this form and submit the recommendation letter below. **Thank you for your help.**

Please rank the applicant with respect to each category below.

	Outstanding (upper 5%)	**Excellent** (6-20%)	**Good** (21-50%)	**Below Average** (lower 50%)	**No Basis for Judgment**
Communication skills	☐	☐	☐	☐	☐
Overall intellectual ability	☐	☐	☐	☐	☐
Design and implementation of experimental procedures	☐	☐	☐	☐	☐
Ability to organize facts and ideas	☐	☐	☐	☐	☐
Motivation and industry	☐	☐	☐	☐	☐
Reliability and integrity	☐	☐	☐	☐	☐
Ability to handle stressful situations	☐	☐	☐	☐	☐
Ability to interact well with others	☐	☐	☐	☐	☐
Ability to function independently	☐	☐	☐	☐	☐
Potential as a research scientist	☐	☐	☐	☐	☐

Do you recommend this applicant for the TRANSCENDS Program?

☐ Yes ☐ No

Title:

Department:

Date

College/University/Institution

Street Address

City

State

Zip Code

Telephone Number

Email Address

Use this field to submit a letter of recommendation in 500 words or less. Please address the following points:

- In what capacity do you know the applicant?
- Please describe the applicant's research accomplishments.
- What is your opinion overall in the applicant's ability to succeed in this program and a career as a research scientist?

(Maxiumum of 500 words)