

GRADUATE PROGRAM IN NEUROSCIENCE RECOMMENDATION FORM

This portion to be filled out by applicant:

Graduate Program in Neuroscience
ATTN: Admissions Committee
University of Minnesota
6-145 Jackson Hall
321 Church Street SE
Minneapolis, MN 55455

APPLICANT'S NAME

Last or Family

First

Middle

TO THE APPLICANT: Under the Family Education Privacy Act of 1974, a student enrolled at the University of Minnesota has the right to access his or her academic records. If you prefer to waive the right to examine this reference report, please sign here:

Applicant's Signature: _____ Date: _____

This portion to be filled out by referee:

Referee's Name: _____ Referee's Title: _____

Organization: _____ Address: _____

Referee's Signature: _____

| PLEASE RANK THE APPLICANT AGAINST OTHER STUDENTS IN COMPARABLE FIELDS | BOTTOM 50% | TOP 50% | TOP 25% | TOP 10% | TOP 5% | TOP 1% |
|--|------------|---------|---------|---------|--------|--------|
| | | | | | | |

How long have you known the applicant _____? In what connection _____?

Please write candidly about the applicant's qualifications, potential to carry on advanced study in neuroscience, intellectual independence, capacity for analytical thinking, and ability to organize and express ideas clearly. We are particularly interested in the applicant's experience in, and aptitude for, independent work in a research laboratory. Letters are due by December 5.

(USE REVERSE SIDE IF NECESSARY OR ATTACH A LETTER ON DEPARTMENTAL LETTERHEAD)