**Recommendation Form for Applicants to**

**Ph.D. Program in Biomedical Informatics**

*This section to be completed by the applicant:*

Applicant’s Name:

Name of Reference: Date:

The Family Educational Rights and Privacy Act of 1974 and its amendments provides students with the right to request in writing the opportunity to inspect and review their educational records. Students may, however, waive their right of access to recommendations. Failure to sign will constitute acceptance of limited access.

I do waive I do not waive my right to inspect the contents of the following recommendation.

Signature of Applicant Date

*This section to be completed by the reference respondent:*

1. How long, during what period of time, and in what capacity have you known the applicant?
2. Please indicate, by checking the appropriate box, your assessment of the applicant’s ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Excep-tional Top 1% | Out-standing Upper 10% | Very Good Upper 15% | Above Average Upper 25% | Average Upper 50% | Below Average Lower 50% | Inade-quate Oppor-tunity to Observe |
| General knowledge |  |  |  |  |  |  |  |
| Knowledge in chosen field |  |  |  |  |  |  |  |
| Originality |  |  |  |  |  |  |  |
| Emotional stability and maturity |  |  |  |  |  |  |  |
| Motivation and sense of purpose |  |  |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |  |  |
| Analytical skill |  |  |  |  |  |  |  |
| Conceptual skill |  |  |  |  |  |  |  |
| Written communication skill |  |  |  |  |  |  |  |
| Oral communication skill |  |  |  |  |  |  |  |
| Presentation skill |  |  |  |  |  |  |  |

1. If English is a second language for this applicant, please comment on the applicant’s ability in written and spoken English.
2. What do you consider the applicant’s most outstanding talents or characteristics in relation to ability to engage in doctoral study?
3. What do you consider the applicant’s main weaknesses in relation to doctoral study?
4. What is your overall recommendation for admitting this applicant to the Ph.D. program in BMI at the University of Nebraska at Omaha?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No opinion   0 | Recommend against admission  1 | Recommend admission with reservations 2 | Recommend admission  3 | Strongly recommend admission 4 | Offer highest possible recommendation 5 |

The committee would appreciate any additional statements you wish to make on a separate sheet about the applicant’s intellectual capacity, ability to work with others, imagination and creativity, and potential for contribution to this field.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print your name)

Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form directly to: Office of Graduate Studies

Eppley Administration Building 202

University of Nebraska at Omaha

Omaha, NE 68182-0209