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| Please return to: |  | **Due Date: February 4, 2019** |

# AMERICAN HEART ASSOCIATION, FOUNDERS AFFILIATE

Research Department, **Bill Thompsen**

1 Union Street, Suite 300, Robbinsville, NJ 08691

Phone: 609.223.3752  
 Bill.Thompsen@heart.org

**FACULTY RECOMMENDATION FORM**

DEAR FACULTY MEMBER: We would appreciate your candid evaluation of the following student who is applying to the American Heart Association’s Undergraduate Student Research Program. Your comments will be held confidential. The due date for this form is February 4, 2019. You may send the form by email to Bill.Thompsen@heart.org or mail the completed form to the above address.

**PLEASE DO NOT RETURN THIS FORM TO THE STUDENT**. Thank you for your assistance.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | | Student’s Name: | | | | | | |
| 2. | | | Faculty Member / Degree / Title: | | | | | | |
|  | | | School: | | | | | | |
|  | | | Department: | | | | | | |
|  | | | Mailing Address: | | | | | | |
|  | | | Telephone: | | | | | | |
|  | | | E-mail: | | | | | | |
| 3. | | | Approximately how long have you known this applicant? | |  | | | | |
| 4. | | | What was your relationship to the student during this period? | |  | | | | |
| 5. | | | How well acquainted are you with the quality of his/her  research or academic work? | |  | | | | |
| 6. | | | In which courses have you had the applicant as a student? | |  | | | | |
|  | | |  | | | | | | |
| 7. | | | From your personal knowledge, how would you rate the applicant academically? | | | | | | |
|  | | | Upper 3%   Upper 10%   Upper 25%  Upper 50%   Lower 50% | | | | | | |
| 8. | | | Please rate the student by checking the appropriate areas below. | | | | | | | |
|  | | | | |  |  |  |  | |  |
|  | | | | | Unknown | Lower |  | Upper | |  |
|  | | | | |  | 50% | 50% | 25% | 10% | 3% |
| a) | | General Intelligence | | |  |  |  |  |  |  |
| b) | | Integrative & learning ability for understanding concepts | | |  |  |  |  |  |  |
| c) | | Creativity | | |  |  |  |  |  |  |
| d) | | Interest/Motivation | | |  |  |  |  |  |  |
| e) | | Perseverance | | |  |  |  |  |  |  |
| f) | | Laboratory techniques | | |  |  |  |  |  |  |
| g) | | Social adaptability | | |  |  |  |  |  |  |
| h) | | Working independently | | |  |  |  |  |  |  |

**Please type responses to the following questions or attach a separate page in a recommendation letter format on institutional letterhead.**

1. To your knowledge, are there any special circumstances, ethnic, financial, physical or social, which you believe require consideration? (Everything else being equal, this information will be given favorable consideration.)

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1. Why should this candidate be chosen for this program? (The purpose of this undergraduate research training program is to encourage promising students from all disciplines to consider careers in biomedical research, particularly as it relates to the cardiovascular and cerebrovascular areas.)

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| Signature: | Date: |