****

Recommendation Form

OHSU School of Medicine – Graduate Programs in Human Nutrition

This form is to be completed by the applicant and the person providing the recommendation and returned to the:

Graduate Programs in Human Nutrition

OHSU

3181 SW Sam Jackson Park Rd.

Mail Code: GH207

Portland, OR 97239

# **Part 1: To be completed by the applicant**

Name:

Degree Sought:

* Master of Science in Human Nutrition (MSHN) – Thesis option
* Master of Science in Human Nutrition (MSHN) – Capstone (non-thesis) option

I waive I do not waive right to have access to this recommendation form.

Signature:

Please state how you know the person providing this recommendation (must be an individual who you have worked with or had regular contact with in the past two years):

****

# To the person providing the recommendation:

The applicant named is applying for admission to the OHSU Graduate Programs in Human Nutrition.

**Part 2. To be completed by person providing the recommendation and sent directly to the Graduate Programs in Human Nutrition, OHSU, Mail Code: GH207, 3181 SW Sam Jackson Park Rd., Portland, OR 97239 by March 1, 2020.**

1. In comparison with other students applying for graduate school, how do you rate the applicant in general all-around scholarly ability?

Please Check One:

 Truly Exceptional – Equivalent to the very best you have known.

 Outstanding – Comparable to the best students in a class

 Above Average – Probably upper 25%

 Average – Upper 50%

 Below Average – Lower 50%

 Not recommended for graduate study

2. Please comment on applicant’s work habits, timeliness, and ability to work independently and with others.

3. What is your estimate of the applicant’s critical thinking skills and promise as a graduate student? Please comment on his or her professional writing abilities, presentation skills, communication and problem-solving skills.

4. Please comment on any other personal characteristics which should be noted when considering the applicant for the graduate program.

4. Please comment on three professional- or academic-related strengths and three areas for improvement for this applicant.

Signature:

Name Printed:

Position/

Institution:

E-mail:

Telephone:

Date: