

OHSU Human Investigations Program Letter of Recommendation

Applicant - Please complete this section of the form before sending it to your Department Chair or Training Director

Applicant's Name: _____

Department Chair or Training Director: _____

Under the family education rights and privacy act, I hereby waive the right to review letters of references submitted concerning my application to OHSU School of Medicine graduate programs.

Applicant's Signature

Date

To the person providing the reference:

We are interested in any of your comments that will assist us to evaluate the applicant. Please consider the following:

- Research experiences and potential for future research
- Intellectual abilities including creativity and analytical skills
- Motivation and enthusiasm
- Ability to communicate orally and in writing
- Maturity and ability to work with others
- Ability to commit to the program

Participants must commit to 2 hours of class time weekly plus 4 hours weekly to complete class assignments. Class is held one day each week, 4:30 – 6:30, fall through spring term. Participants wishing to acquire a certificate or master degree will also need time to work on an academic capstone product to be completed by the end of the second year. We ask that you remain committed to protecting time for this applicant to attend classes for the duration of the program. Protected time may require rescheduling of clinical time or a reduction in clinical, teaching and administrative responsibilities.

Applicants should provide a copy of this form to the person providing the reference. The recommender may attach the letter in an email to hip@ohsu.edu.