

The University of Arizona
Biochemistry
Biological Chemistry
Biochemistry and Molecular & Cellular Biology
Ph.D. Programs

PERSONAL REFERENCE

TO THE APPLICANT: Please complete this section before giving the form to the recommender. In accordance with the Family Educational Rights and Privacy Act of 1974, I ' waive/ ' do not waive my right to review letters of recommendation.

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Applicant's Signature: _____ **Date:** _____

TO THE RECOMMENDER:

Please rank the applicant, with respect to his/her peers, using the following scale:

- | | |
|----------------------------|--------------------------------|
| 1 - Superior (top 5%) | 4 - Average (25-50%) |
| 2 - Excellent (6-10%) | 5 - Below Average (bottom 50%) |
| 3 - Above Average (11-25%) | 6 - No basis for judgement |

- | | |
|-------|---|
| _____ | Analytical ability |
| _____ | Creative ability |
| _____ | Enthusiasm and motivation |
| _____ | Ability to organize and express ideas clearly |
| _____ | Ability to work with others |
| _____ | Undergraduate preparation |
| _____ | Laboratory skills |
| _____ | Familiarity with scientific literature |
| _____ | Intellectual independence |
| _____ | Potential for success in graduate school |

Please provide written comments on your letterhead that would assist us in evaluating the applicant's suitability for a Ph.D. program. Please include the following points:

- How well, and in what capacity, do you know the applicant?
- Research experience and accomplishments of the applicant.
- Would you accept this candidate as a student to work under your guidance?
- Other positive, or negative, factors that should be taken into account.

(Reference's Printed Name) (Position/Title)

(Department) (Institution)

(Address) (Phone)

(City, State, Zip)

(Signature) (Date)

Please return this form to:
The University of Arizona
Biochemistry & Molecular Biophysics
Graduate Admissions Committee
Biological Sciences West 524
P.O. Box 210088
Tucson, AZ 85721-0088