

The University of Texas McGovern Medical School

MS in Clinical Research Applicant Letter of Reference

Instructions to the applicant:

Complete items 1-4, print the form, sign it, then send it to the recommender with a stamped envelope addressed to the Office of the Registrar: The University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225-0036.

NOTE: Make sure your recommender is aware of the application deadline you are trying to meet. If you intend to enroll in this program while you are employed, one of these letters should be written by your supervisor. This letter should include an assurance that you will have sufficient (at least 20%) protected time to devote to the program.

1. If known, provide your Student ID number: _____

2. Projected entrance year into the program: _____

3. Name (Last, First, Middle) - as it appears on the application for admission:

4. Address (where you want to receive your mail):

Street: _____

City, State, Zip: _____

I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements: I hereby WAIVE my right of access to this recommendation.

I hereby DO NOT WAIVE my right of access to this recommendation.

Applicant Signature: _____

Date: _____

TO THE EVALUATOR: Please attach a letter of reference on letterhead. Your letter is an important part of our evaluation. We would appreciate inclusion of the following:

- a. In what capacity and how long have you known the applicant?
- b. Your evaluation of the applicant's outstanding strengths and weaknesses.
- c. Your evaluation of the applicant's suitability for training in clinical research.
- d. Your evaluation of the applicant's motivation for graduate study.
- e. Your evaluation of the applicant's ability to complete successfully the proposed area of study, including a master's thesis.
- f. The applicant's supervisor must provide assurance that the applicant will have sufficient (at least 20%) protected time to devote to the program.

Evaluator's name (print or type): _____ Signature: _____

Position or Title: _____

Institution: _____

Address: _____

