

GRADUATE EDUCATION IN HEALTH FOR MINORITY SCHOLARS PROGRAM (GEhMS)
Faculty Recommendation Form

Dr. Anne Camper, GEhMS Director
GEhMS c/o CBE
366 EPS, P.O. Box 173980
Montana State University
Bozeman, Montana 59717

Student's Information

(Student's Last Name) (Student's First Name) (Student's Middle Initial)

Please print, complete & sign this form. Return to the GEhMS Program office in a sealed envelope with your signature over the seal.

The goal of GEhMS is to increase community capacity to reduce health disparities in our state, by supporting underrepresented minority (URM) graduate students in biomedical and behavioral sciences, who have strong ties to underserved Montana communities. The program supports new and continuing URM graduate students in MSU health programs by facilitating opportunities to conduct community-based participatory research on health issues in their home communities, as well as by providing academic, financial and social support.

Please help us assess the promise and motivation of this student by completing this form and returning it directly to the GEhMS office (address above). Thank you for your promptness in returning the form.

1. Please rate the applicant in each attribute/skill listed below compared to other students with whom you have worked.

Attributes/Skills	No basis to judge	Upper 10%	Upper 25%	Upper 50%	Lower 50%
Demonstrated commitment to community					
Demonstrated commitment to health career					
Intellectual ability					
Research ability					
Critical thinking ability					
Interpersonal skills/teamwork					
Emotional maturity					
Motivation/initiative/self discipline					
Dependability					
Oral expression					
Written expression					
Creativity					
Open-mindedness					
Computer skills					
Overall graduate school potential					
Overall potential in community health					

2. How long have you known the applicant and in what capacity? (Give dates, if possible.)

3. (For teachers of applicants only.) I would rank this applicant in the top ____% of the approximately ____ undergraduate students I have taught within the last five years.

OR

3. (For teachers of applicants only.) I would rank this applicant in the top ____% of the approximately ____ graduate students I have taught within the last five years.

4. What are the applicant's greatest strengths and weaknesses with regard to academics, research ability, teaching ability or other characteristics relative to academic success?

5. What are the applicant's greatest strengths and weaknesses with regards to the abilities and characteristics needed to successfully work to improve community health?

6. Please provide any additional comments and/or assessment of the applicant's potential for success in graduate school and/or in community health work. Your candid appraisal will be appreciated.

7. Recommendation concerning selection for the program (check one):

☐ I recommend the applicant with confidence.

☐ I recommend the applicant.

☐ I recommend the applicant with reservation.

☐ I do not recommend the applicant.

Evaluator's Signature: _____

Phone: _____

Evaluator's Name (printed): _____

Position/Title and Dept: _____ Date: _____