



Return to:

Charles A. Czeisler, PhD, MD
Program Director
Training Program in Sleep, Circadian and Respiratory Neurobiology
Harvard Medical School Division of Sleep Medicine
221 Longwood Avenue – BLI 438
Boston, MA 02115

LETTER OF RECOMMENDATION

Application for Pre-Doctoral Training Fellowship in Sleep, Circadian and Neurobiology

TO BE COMPLETED BY THE APPLICANT:

Full Legal Name: _____ Please print

Current Mailing Address; _____

Waiver of right to see this Letter of Recommendation:

To be read by applicant and recommender:

Under the Family Rights and Privacy Act of 1974, trainees applying to the Fellowship Training Program under the Division of Sleep Medicine have access to their application records, including letters of recommendation. However, trainees may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed below, it is assumed that this letter is submitted with the recommender's understanding that the applicant may request to see the letter. The alternative selected will not affect consideration of the application.

Signature of applicant: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDER:

- The Training Grant in Sleep, Circadian and Neurobiology will appreciate **your evaluation (on your letterhead)** of the applicant's capacity for success as a pre-doctoral trainee undertaking study in his/her proposed field of study. If possible, compare the applicant to other students known to you who have completed or who are now applying for a pre-doctoral fellowship. It will also be helpful for us to know how long, and in what capacity you have known the applicant.
- Please rate the applicant in comparison with other students known to you who have applied for other fellowship training grants. This rating should accompany your letter of recommendation, not replace it.

	ABOVE AVERAGE			AVERAGE		BELOW AVERAGE			
	1	2	3	4	5	6	7	8	9
Intellectual ability									
Ability in: oral expression									
written expression									
Emotional maturity									
Imagination and probably creativity									
Potential as a teacher									
Motivation for proposed program of study									
Background for proposed program of study									

3. Please give the applicant's relative standing in your department, e.g. 7th in 89, top 5%, etc. _____

4. How do you rate the applicant in overall ability and promise in comparison with other trainees at the same level of training?

- Questionable whether admission to further study is warranted.
 Qualifications marginal, but warrants consideration.
 Performance should be up to average of most trainees.
 Will perform at a superior level wherever Accepted.
 Equal to the best in any department.
 Not able to judge.

5. If the applicant's native language is not English, please evaluate English proficiency: _____

Recommender's name: _____ Title: _____

School: _____ Department: _____

Address: _____ Daytime Telephone: _____

Please complete and sign this sheet and return it along with your narrative (on your letterhead) to Dr. Charles Czeisler at the address noted above. Thank you.

Signature: _____ Date: _____

Thank you for providing this information. As we receive many letters of recommendation, we find it impractical to acknowledge each one of them.