



Great Lakes Regional Center of Excellence
for Biodefense and Emerging Infectious Diseases Research

BIOSAFETY SCHOLARSHIP/RESEARCH PROGRAM

REFERENCE INFORMATION REQUEST

A. Applicant:

Name of Applicant:

The applicant must complete and sign the following statement before submitting this form to the respondent. This request is in compliance with the Privacy Act of 1974.

I waive my right of access to this letter of recommendation.

I do not waive my right of access to this letter of recommendation.

Signature of Applicant:

Date:

B. Referee:

Name of Referee:

Title:

Research Field:

Institution:

Department:

Telephone:

E-mail:

C. Acquaintance of Referee with Applicant:

I have known the applicant as a(an):

Undergraduate

Research/Teaching Assistant

Technical Assistant

Employee

Graduate Student

Research Supervisor

Colleague

Other:

I have known the applicant and his/her professional work from: (Month/Year)

____ / ____ to ____ / ____



D. Referee Evaluation of Applicant

Rate the applicant on a scale of 1 to 5 against other scholars/investigators:

5 = Excellent, 4 = Very Good, 3 = Good, 2 = Adequate, 1 = Inadequate, NA = Not Applicable

| | |
|------------------------------------------------------------------|----------------------|
| Ability to complete a project | <input type="text"/> |
| Judgement on scientific or clinical approach | <input type="text"/> |
| Innovativeness | <input type="text"/> |
| Knowledge of research field | <input type="text"/> |
| Ability to work independently | <input type="text"/> |
| Ability to work collaboratively | <input type="text"/> |
| Ability to act as a facilitator | <input type="text"/> |
| Ability to influence others /build consensus | <input type="text"/> |
| Communication – Oral | <input type="text"/> |
| Communication – Written | <input type="text"/> |
| Quality of professional work | <input type="text"/> |
| Probable effectiveness in achieving the objective of the program | <input type="text"/> |

Based on your knowledge of the applicant, would you offer to employ him/her if you had an appropriate vacancy? Yes No If the answer is NO, please explain:

Comments: On a separate page or pages, please describe in some detail the applicant's abilities and comment on his/her potential as a biosafety scientist, elaborating on matters such as versatility, ability to make sound technical and ethical judgments, major academic strengths and weaknesses, performance by the applicant as a researcher, work ethic, and interpersonal skills.

Please send completed reference materials to the address below:

**GLRCE Biosafety Scholarship Program
Great Lakes Regional Center of Excellence for
Biodefense and Emerging Infectious Diseases Research
The University of Chicago
920 E. 58th Street, Suite 1117
Chicago, IL 60637**