Data Science Research Program – Recommendation Form

Shapiro Institute for Education and Research
Beth Israel Deaconess Medical Center
330 Brookline Ave
Boston, MA 02115
617-667-9120

To the Applicant: Please fill out the top portion of this Recommendation Form and forward it to a medical/graduate school instructor or to a person who is familiar with your academic background. Please return this completed form with your application.

Applicant's Name: _____

Recommender: _____

1. How long have you known the applicant and in what connection?

2. What do you consider to be the applicant's strengths and talents?

3. What do you consider to be the applicant's limitations?

4. Please make any additional comments about the applicant's record, potential, research track record, and /or personal qualities that you feel would be helpful.

Recommender's Signature   _____Date_____

Title   _____

Institution/Firm   _____

Address   _____

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