

NATIONAL LIBRARY OF MEDICINE ASSOCIATE FELLOWSHIP PROGRAM

REFERENCE FORM

Please type or print clearly and return to the Oak Ridge Institute for Science and Education (fax number below).

Applicant's Name: _____
Last
First
Middle

How long and in what capacity have you known the applicant?

Length of time: _____ I am: Faculty Advisor () Instructor () Supervisor () Other ()

In a group of 100 other library school students or persons of comparable experience, how would you rate the applicant with respect to the following characteristics:

| | Below Average | Average | Above Average | Outstanding (top 25%) | Superior (top 5%) | Inadequate Opportunity to Observe |
|---|---------------|---------|---------------|-----------------------|-------------------|-----------------------------------|
| Motivation toward a successful, productive career | | | | | | |
| Growth during total period observed | | | | | | |
| Fertility of imagination; originality of thought | | | | | | |
| Emotional stability and maturity | | | | | | |
| Ability to work with others | | | | | | |
| Mastery of fundamental knowledge in the field | | | | | | |
| Flexibility | | | | | | |
| Ability to communicate in writing | | | | | | |
| Ability to communicate orally | | | | | | |
| Self-reliance and independence | | | | | | |
| Leadership potential | | | | | | |

Additional Information to Provide: On another sheet, please add your descriptive comments that will assist in providing a complete picture of the applicant's character, attitudes, and ability/potential for research. Please comment on challenges, as well as strong points.

Signature _____ Date _____

Typed or Printed Name _____ Title _____

Phone _____ E-Mail _____

Address _____

Return to: Barbara Dorsey
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