

This section is to be completed by the applicant.

Please type or print in ink.

Last Name of Applicant

First Name

Middle Initial

I waive the right to read this letter at a later time.

I do not waive the right to read this letter.

**To the Reference**

The above-named applicant for admission into the Master's Degree Program in Clinical Research at the University of California, San Francisco School of Medicine has identified you as one of his/her references. The completed Reference Form and separate letter should be returned to:

All materials can be returned by regular mail or electronic mail.

Send materials to:  
Jeffrey Martin, MD, MPH  
Program Director  
c/o Admissions  
Training in Clinical Research (TICR) Program  
Department of Epidemiology and Biostatistics  
University of California, San Francisco  
Mission Hall (UCSF Box 0560)  
550 16th Street, 2nd floor  
San Francisco, CA 94143  
(For FedEx only, use 94158)

Or mail to: [TICR\\_Admissions@psg.ucsf.edu](mailto:TICR_Admissions@psg.ucsf.edu)

Please rate the applicant by checking the appropriate box that best represents your opinion of the applicant in comparison with other individuals with the same training and experience.

	Unable to Judge	Poor	Fair	Good	Out-standing
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated skill at research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate (written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate (spoken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a separate letter, please elaborate on the applicant's performance as you indicated above. If possible, please describe specific examples that would illustrate your evaluation.

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Title Institution Telephone Number