

## SHARP 2023 Recommendation Form

### General Information

What is the full name of the applicant that you are recommending for the 2023 Summer HIV/AIDS Research Program with the San Francisco Department of Public Health?

What is your relationship to the applicant?

- Professor
- Graduate student instructor/Teacher Assistant
- Work supervisor
- Volunteer supervisor
- Other, please specify:

Your contact information:

**Name:**

**University or Organization:**

**Email Address:**

**Phone Number:**

Please read and sign the below statement. You may electronically sign it or scan a hand-signed.

I certify the aforementioned information is true. I also certify that all the information and statements I have provided in this recommendation form are current, correct, and complete to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Student Recommendation**

1. Please rate the applicant on the following domains: **Please mark by using an “X”**

	Outstanding	Above Average	Average	Below Average	Poor	Cannot comment or unknown
Maturity level						
Communication Skills- written & verbal						
Critical thinking skills						
Initiative						
Dependability						
Dedication to working with underserved populations						
Interest in substance use research						
Interest in HIV/AIDS research						
Intention to apply to graduate school						

2. Please describe the applicant’s greatest strength:

3. Please describe areas for growth for the applicant:

**Student Recommendation continued:**

4. Please explain why the Summer HIV/AIDS Research Program is a good fit for the applicant:

5. Please describe any challenges or hardships, that you are aware of, that have impacted the applicant's academic performance. Write none or unaware if you cannot comment:

6. Do you have any additional comments about the applicant that we should consider in our review of their application?

7. Do you have any reservations in recommending this individual?

**Thank you for completing this recommendation form. We greatly appreciate your time. Please email your completed form to [info.sharp@sfdph.org](mailto:info.sharp@sfdph.org)**