**General Information**

What is the full name of the applicant that you are recommending for the 2024 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 |  |  |  |  |  |  |

1. Please describe the applicant’s greatest strength:
2. Please describe areas for growth for the applicant:

**Student Recommendation continued:**

1. Please explain why the Summer HIV/AIDS Research Program is a good fit for the applicant:
2. 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:
3. Do you have any additional comments about the applicant that we should consider in our review of their application?
4. 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**