

SHARP 2024 Recommendation Form



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: _____

SHARP 2024 Recommendation Form



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