

NATIONAL LIBRARY OF MEDICINE ASSOCIATE FELLOWSHIP PROGRAM REFERENCE FORM

Please type or print clearly and return both parts 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 ()

Part 1. Rating Scale: 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						

Part 2. Descriptive Comments: 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
 Fax: (865) 574-2846 Phone: (865) 576-9975
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