



# 2019 Wellman-HST Summer Institute for Biomedical Optics

The Harvard-MIT Program in Health Sciences and Technology & Wellman Center for Photomedicine

## Letter of Recommendation Cover Sheet

The applicant named below is applying for admission to the Wellman-HST Summer Institute for Biomedical Optics, described in more detail at <http://hst.mit.edu/academics/summer-institute/biomedical-optics>. On a separate sheet, please provide us with your personal impressions of the candidate's intellectual ability, potential for research, analytical skills, and ability to work independently. Please comment on the quality of work, and potential for productive scholarship.

Thank you for providing this information.

Applicant's name \_\_\_\_\_  
Last name First name

Recommender's name \_\_\_\_\_ Position or Title \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

Email is preferred. However, signed letters in sealed envelopes may be sent directly to:

Wellman-HST Summer Institute for Biomedical Optics  
Attention: Jonathan Lawson  
Massachusetts General Hospital  
Wellman Center for Photomedicine  
65 Landsdowne Street, Room 528  
Cambridge, MA 02139  
(617) 768-8705

Please email the cover sheet and letter of recommendation to:  
[BioOpticsSummerInstitute@mgh.harvard.edu](mailto:BioOpticsSummerInstitute@mgh.harvard.edu)