

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 First name Last name Recommender's name Position or Title Institution \_\_\_\_\_ Department \_\_\_\_\_ Telephone \_\_\_\_\_\_ E-mail \_\_\_\_\_\_E 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