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