

REFERENCE

_____ (applicant's name) is applying for the Pete Wilde Scholarship through the International Mechanical Diagnosis and Therapy Research Foundation. S/he has provided your name as a reference. Please complete this page and return to info@imdrf.org.

Please return within 2 weeks of receipt. We thank you in advance for your timely and candid completion of this sheet.

Advisor Information:

Name: _____ Credentials: _____

Work affiliation: _____

Work title: _____

E-mail: _____ Phone: _____

Applicant reference:

Length of time affiliated with applicant: _____

Nature of affiliation with applicant: _____

Are you currently working with/advising the applicant on a research project? yes no

Ability of applicant to complete his/her proposed research project:

excellent good average poor

Likelihood of completing academic degree or MDT diploma: high low

Please briefly comment on applicant's strengths and weaknesses.
