REFeree FORM

University of Vermont
College of Medicine
Department of (Department)

DATE: _______________________

PLEASE RETURN THIS FORM ALONG WITH YOUR LETTER TO:

Name
Chair, Department of (Department)
Address

SUBJECT: Relationship to Candidate Form

Name of Candidate: __________________________

A. Relationship to the candidate and his/her work:

   Present or past colleague (at same institution as a student,
   Postdoctoral fellow or faculty member) _______

   Past mentor _______

   Collaborator (worked with, or co-authored papers) _______

   None of the above _______

B. Knowledge of candidate’s work based primarily on:

   His/her publications and CV _______

   Scientific presentations _______

   Personal knowledge and discussions _______

   Participated on review panels (study section, advisory
   Boards, etc.) _______

_________________________________ _____________
Signature of Reviewer     Date

_________________________________
Printed Name of Reviewer

Revised June 2016