



**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