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