

**Antimicrobial Resistance Training Program in the Texas Medical Center (AMR-TPT)
Postdoctoral Fellowship Application**

PRIMARY MENTOR RECOMMENDATION FORM

Due date: **March 7, 2025**

Please save this with the file name: **Last name_AMR TPT_mentor_appl due_date**

Trainee name:

Mentor name:

Academic Title:

Department(s):

Institution:

Email:

Office phone:

APPLICANT EVALUATION: *[NOTE: This information can also be provided in letter format, if preferred.]*

1. Statement: Evaluate the applicant's overall ability and likelihood of becoming a productive first quality researcher in this field. Include a brief statement about your relationship with the applicant, how long you have known him/her, and on what month/date s/he started as a postdoc in your lab.
2. Does the applicant appear to have a career plan consistent with his/her stage of development? Does it appear realistic, and does the applicant have the ability to achieve it?
3. Comment on the quality of the applicant's publications, abstracts, or other research presentations, and describe the applicant's role in these.
4. Does the applicant have the written and oral presentations skills to communicate effectively in academics, research and professional settings? To work effectively within an interdisciplinary group? To work with non-technical audiences and groups?
5. How would you rate the applicant's overall academic and intellectual ability as reflected by GPA, difficulty of prior academic work, or any recognition received? To your knowledge, has the applicant had to overcome any unusual barriers or difficulties in his/her prior training?
6. How would you rate the applicant's creativity and ability to assimilate information from a variety of disciplines? Does the applicant have the ability and desire to synthesize new interdisciplinary ideas and concepts?
7. How would you rate the applicant relative to other trainees you have known at comparable stages of development in terms of overall potential for an interdisciplinary research career:

Indicate how you would rank this applicant: top 1%, top 5%, top 10%, top 25%, or top 50%

Department administrator: Person responsible for processing stipend and fellowship paperwork. If there are two people performing these functions, please include both individuals and their role.

Administrator name:

Administrator's phone number (required):

Administrator's email (required):

Provide current support information:

For each current grant provide funding agency and grant number, project title, your role, the total award period and annual direct costs that you receive. You may use the table below, cut and paste from an existing document, or attach a recent current and pending file.

Funding agency	Grant number	Project title	Your role	Total award / budget period	Annual direct costs that you receive
<i>Add additional rows as needed</i>					