

Chamberlain University Dean/Director  
Fellowship Recommendation Form**Section I:**

Colleague's Name \_\_\_\_\_

Credentials: \_\_\_\_\_

Academic Rank: (Check One) \_\_ Assistant Professor \_\_ Associate Professor \_\_ Professor

Years of Service at CU: \_\_\_\_\_ Academic Program / Campus: \_\_\_\_\_

Master Instructor Distinction: \_\_\_\_\_ Level I \_\_\_\_\_ Level II

Meets or Exceeds Annual Performance Expectations: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

**Section II:**

Briefly describe qualities or attributes observed during your interactions with this candidate that reflect Chamberlain Care values as well as characteristics necessary to function effectively as a research fellow:

Manager's Name: \_\_\_\_\_

Academic Program: \_\_\_\_\_

Date: \_\_\_\_\_