

**2016 Summer Research Fellowships in Neuroscience
Recommendation Form**

Name of Applicant _____ Telephone _____

Email: _____

Name of Evaluator _____ Telephone _____

Evaluator's Title or Occupation _____

Institution, Practice or Place of Business _____

Evaluator's Email: _____

Evaluator's Address _____

City _____ State _____ ZIP Code _____

TO THE APPLICANT: Applicants who are awarded a fellowship have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive that right. Please indicate your choice by signing either statement A or B. Your choice will not be a factor in considering your application.

- A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature

Date

- B. I do not waive my right of access to the applicant evaluation named above. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Applicant's Signature

Date

C. TO THE EVALUATOR: This candidate has requested that you evaluate him/her for a Summer Fellowship in Neuroscience Stipend and has indicated above whether or not he/she wishes to have access to this evaluation. The information that you provide will only be used for the selection process. A separate recommendation letter should be submitted highlighting the applicants strengths and weaknesses and their promise as a summer research student. Please fill out the form and sign the bottom, seal the form and recommendation letter in an institutional or business envelope, and sign on the back seal. Please release the envelope to the applicant by the application deadline **February 19th, 2016**. Alternatively you may mail the completed reference form to:

Tom Borowski
Pitzer College
1050 N. Mills Ave.
Claremont CA 91711

You may also submit your completed recommendation via email to the address indicated below. Please use your institutional email account for your submission.

Questions or concerns should be directed to:
Tom Borowski, Ph.D.
Claremont Colleges' Neuroscience Coordinator
Email: thomas_borowski@pitzer.edu
Phone: 909-607-3808

Recommendation Form Assessment Checklist

Applicant's Name _____

Evaluator's Name _____

Please indicate your assessment of the applicant in each category below by checking the appropriate space.

| Evaluation Criteria | Excellent | Above Average | Average | Below Average | Unable to Comment |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Initiative/Originality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Industry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability and Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Work with Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbal Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acceptance of Feedback and Instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant's Overall Potential for Research | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How long have you known the applicant? _____

In what capacity have you known the applicant?

Evaluator's Signature

Date