

PHARMACEUTICS SUMMER UNDERGRADUATE RESEARCH PROGRAM 2008

RECOMMENDATION FORM

Applicant: please complete the information below and return all evaluation materials in a sealed envelope with your application. You may photocopy this blank form as needed.

Student name (please type or print: _____)

I agree that the recommendation I am requesting shall be held in confidence by officials of The University of Utah and I hereby waive any rights I may have to examine it. Yes No

Applicant's Signature: _____

Endorser: please rate the applicant on the following qualifications (circle one); check the box under X if you feel you lack sufficient knowledge to rate:

	High		Average		Low	X
1. Ability to conduct a supervised project.	5	4	3	2	1	<input type="radio"/>
2. Intellectual curiosity and/or creativity.	5	4	3	2	1	<input type="radio"/>
3. Motivation to perform research.	5	4	3	2	1	<input type="radio"/>
4. Ability in written and oral expression.	5	4	3	2	1	<input type="radio"/>
5. Personal reliability and responsibility.	5	4	3	2	1	<input type="radio"/>
6. Potential for professional (e.g., graduate) school.	5	4	3	2	1	<input type="radio"/>

We appreciate the information provided above, however, we do not evaluate students strictly on the basis of numerical scores. Therefore, the Program Directors request that you provide a separate letter describing your knowledge of the applicant and reasons why you recommend participation in a summer research program. **Applications will not be considered without your supplemental letter.** We thank you for your willingness to assist in this evaluation.

Name and Title: _____

College/University: _____

Address: _____

Telephone: (____) _____ EMAIL: _____

EVALUATION FORM AND ACCOMPANYING LETTER OF RECOMMENDATION MUST BE RETURNED IN A SEALED ENVELOPE PREFERABLY WITH THE COMPLETED APPLICATION AND POSTMARKED NO LATER THAN FEBRUARY 15, 2008.