Summer Research Fellowships
in
Neuroscience
2018

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
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, 2018**. 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

**Applicant’s Name**____________________  **Evaluator’s Name**_________________

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Comment</th>
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</thead>
<tbody>
<tr>
<td>Initiative/ Originality</td>
<td>____</td>
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<tr>
<td>Intellectual Capacity</td>
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<td>Dependability And reliability</td>
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<td>Emotional Stability</td>
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<td>Ability to Work with Others</td>
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<td>Laboratory Skills</td>
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<td>Acceptance of Feedback and Instruction</td>
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<td>Applicant’s Overall Potential for Research</td>
<td>____</td>
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</tr>
</tbody>
</table>

How long have you known the applicant?______________

In what capacity have you known the applicant? ______________

**Evaluator’s Signature**________________________________

**Date**_______________