

**Summer Research Fellowships
in
Neuroscience
2020**

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 **Wednesday, February 19th, 2020**. 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.

	Excellent	Above Average	Average	Below Average	Unable to Comment
Initiative/ Originality	_____	_____	_____	_____	_____
Intellectual Capacity	_____	_____	_____	_____	_____
Industry	_____	_____	_____	_____	_____
Dependability And reliability	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Ability to Work with Others	_____	_____	_____	_____	_____
Laboratory Skills	_____	_____	_____	_____	_____
Verbal Skills	_____	_____	_____	_____	_____
Written Skills	_____	_____	_____	_____	_____
Acceptance of Feedback and Instruction	_____	_____	_____	_____	_____
Applicant's Overall Potential for Research	_____	_____	_____	_____	_____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Evaluator's Signature _____

Date _____

