

Recommendation Form for Rhodes/UT Neurosurgery Research Fellowship 2007 - 2008

To be filled out by applicant before giving to evaluator:

Applicant _____

Faculty Evaluator _____

I Do _____ Do Not _____ waive my rights to have access to this recommendation form.

Applicant signature _____

To be filled out by evaluator:

To the evaluator: You have been asked to write an evaluation of the above applicant, who is applying to the Rhodes/UT Neurosurgery Research Fellowship. The student will be participating in research under the mentorship of a faculty member at UT Health Science Center while being sponsored by a Rhodes faculty. The minimum commitment required of the applicant is one summer (12 weeks) followed by two semesters (10 hours per week). Thank you for being willing to participate in this student's application. If you would like a more complete description of this program, please contact Dr. Robert Strandburg at Strandburg@rhodes.edu.

Indicate your answers below based on the following numbers: 0 = disagree strongly, 1 = disagree, 2 = agree, 3 = agree strongly. Leave blank if you cannot form an opinion.

- _____ 1. The student shows strong potential in scientific research
- _____ 2. The student is highly likely to follow through with the time commitment required of this program
- _____ 3. The student is strongly motivated to succeed in this research program

Please rank the student for the following characteristics according to the criteria below:

	Outstanding <u>Upper 5%</u>	Excellent <u>Upper 10%</u>	Above average <u>Upper 25%</u>	Average <u>Upper 50%</u>	Below average <u>Lower 50%</u>	No basis <u>for judgment</u>
academic ability	_____	_____	_____	_____	_____	_____
reliability	_____	_____	_____	_____	_____	_____
judgment	_____	_____	_____	_____	_____	_____
resourcefulness	_____	_____	_____	_____	_____	_____
maturity	_____	_____	_____	_____	_____	_____

I give this applicant

- _____ highest recommendation _____ recommendation with no reservations
- _____ recommendation with some reservations _____ I do not recommend this applicant for this program.

Evaluator signature _____ Date _____

Additional comments are welcomed below or on an additional page. Please return this form in a sealed envelope by January 18, 2008 to Robert Strandburg, 201 Clough, Rhodes College, Memphis, TN 38112.