

Recommendation Form for Rhodes/InMotion Musculoskeletal Research Fellowship

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/InMotion Musculoskeletal Research Fellowship. The student will be participating in research under the mentorship of a faculty member at InMotion Musculoskeletal Institute while being sponsored by a Rhodes faculty. The minimum commitment required of the applicant is one summer (12 weeks) followed by two semesters (8-10 hours per week). Thank you for being willing to participate in this student's application. A description of the program can be found at <http://www.rhodes.edu/academics/11318.asp>.

I. 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

II. 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 for judgment
academic ability	_____	_____	_____	_____	_____	_____
reliability	_____	_____	_____	_____	_____	_____
judgment	_____	_____	_____	_____	_____	_____
resourcefulness	_____	_____	_____	_____	_____	_____
maturity	_____	_____	_____	_____	_____	_____

III. Please make any additional comments on an attached page.

IV. I give this applicant

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

Evaluator signature _____ **Date** _____

Please return this form in a sealed envelope by **January 20, 2009** to Dr. Ann Viano, Faculty Fellow for Undergraduate Research, 421 Rhodes Tower, Rhodes College, Memphis, TN 38112.