**Strong Children’s Research Center**

**Program Coordinator, SCRC**

**601 Elmwood Ave, Box 777**

**Rochester, NY 14642**

**Ph: (585) 275-8447 Fax (585) 271-7512**

**2014 SCRC Faculty Recommendation**

* **Type or print clearly**
* **Confine your answers to space provided**
* **This form *must* be signed by the faculty member**
* **Do not return this form to the student. Return it directly to SCRC Program Coordinator, either by mail, fax or email:** **SCRC@urmc.rochester.edu**

***Faculty Recommendations must be received by Midnight, EST February 28, 2014***

**Dear Faculty Member: We would appreciate your candid evaluation of the student listed below applying to the U of R SCRC Summer Research Program. Your comments will be held confidential. If you wish to write a letter of recommendation in addition to completing this form, please feel free to do so. This form must be received by February 28, 2014 or the student will not be considered eligible for the program.**

**Thank you in advance for your time and cooperation.**

**SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING**

**When completed, attach this file to an email and send to scrc@urmc.rochester.edu**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Faculty Member** |  |
| **Title**  |  |
| **Institution** |  |
| **Department** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Phone number** |  |
| **Fax Number** |  |
| **Email Address** |  |
|  |  |
| **Why do you feel this applicant would benefit from this research experience? (The purpose of our research program is to encourage/introduce students from all disciplines to consider research related careers in pediatrics).** |
| **Approximately how long have you known this applicant?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **How well acquainted are you with the application as a person?** | **Very Well** | **Well** | **Marginally** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How well acquainted are you with quality of his/her work?** | **Very Well** | **Well** | **Marginally** |
|  |  |  |  |

|  |  |
| --- | --- |
| **In which course(s) have you had the applicant as a student?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From your personal knowledge how would you rate the applicant academically?Check one. | **Upper 3%** | **Upper 10%** | **Upper 25%** | **Upper 50%** | **Lower 50%** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the student by checking the appropriate areas below | **Unknown** | **Lower 50%** | **Upper 25%** | **Upper 10%** | **Upper 3%** |
| General Intelligence |  |  |  |  |  |
| Integrative & learning ability for understanding concepts  |  |  |  |  |  |
| Creativity  |  |  |  |  |  |
| Interest |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Laboratory Techniques  |  |  |  |  |  |
| Social Adaptability |  |  |  |  |  |
| **Unable to accept without your hand written signature:** | **Date:** |