**FORM INSTRUCTIONS**

The Strong Children’s Research Program Summer Program is a summer research training program hosted by the Department of Pediatrics at the University of Rochester Medical Center for outstanding medical, graduate and undergraduate students who plan to pursue a career in biomedical or clinical research. (Undergraduate students must have completed their junior year by May 2017). The program will run for 10 weeks during the summer of 2017. The mission of our program is to encourage students from all disciplines to consider careers in pediatric research.

Enclosed is the Faculty Recommendation Form. We would appreciate your candid evaluation of this applicant who is applying to the Summer Program. Your comments will be reviewed as part of the student’s full application and 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 the SCRC by 5:00 PM (eastern standard time) on February 28, 2017** or the student will not be considered eligible for the program.

**Do not return the completed form to the student. Please mail, fax or e-mail your completed form for receipt *no later than 5:00 PM on February 28, 2017* to:**

Erik Abell, Administrator Phone: (585) 273-2977

Strong Children’s Research Center Fax: (585) 271-7512

601 Elmwood Ave, Box 777 E-Mail: [scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu)

Rochester, NY 14642

If you have any questions regarding the form or the program, please contact Erik Abell at [scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu) or (585) 273-2977

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

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Department** |  |
| **Address**  **City, State, Zip** |  |
| **Phone number** |  |
| **Fax Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Student’s Name** |  |
| **How long have you known the applicant** |  |
| **List courses you have had the applicant as a student** |  |

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| --- | --- | --- | --- |
|  | **Marginally** | **Well** | **Very Well** |
| **How well acquainted are you with the applicant as a person?** |  |  |  |
| **How well acquainted are you with quality of his/her work?** |  |  |  |

**Please rate the student by checking the appropriate areas below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unknown** | **Bottom 50%** | **Top 25%** | **Top 10%** | **Top 3%** |
| **General Intelligence** |  |  |  |  |  |
| **Integrative & learning ability for understanding concepts** |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |
| **Interest** |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |
| **Laboratory Techniques** |  |  |  |  |  |
| **Social Adaptability** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From your personal knowledge how would you rate the applicant academically?** |  |  |  |  |  |

**The purpose of our program is to encourage students from all disciplines to consider careers in pediatric research. Why do you feel this applicant would benefit from this research experience?**

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| --- | --- |
| **Signature/e-Signature:** | **Date:** |