

Strides **T**oward **E**ncouraging Professions in Science



ACADEMIC LETTER OF REFERENCE

I. TO BE COMPLETED BY THE APPLICANT:

Applicant Name:		Social Security Number:	Date:
Address:		Phone:	
_____ Street		_____ (Home)	
_____ City, State, and Zip Code		_____ (Work)	
WAIVER OF RIGHT OF ACCESS TO LETTER OF REFERENCE			
The applicant must complete the following statement before submitting the form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Education and Privacy Act of 1974).			
I hereby voluntarily waive any right of access to this letter of evaluation.		I retain my rights of access to this letter of evaluation.	
_____ Date	_____ Applicant Signature	_____ Date	_____ Applicant Signature

II. TO BE COMPLETED BY THE RECOMMENDER:

This applicant for the STEPS Program has identified you as an individual who is familiar with his/her qualifications. The STEPS Committee would appreciate receiving your candid appraisal of this applicant's qualifications. Please return the completed form to the STEPS Office at the address given at the end of this form. Thank you for your assistance.

Characteristic:	Outstanding Top 5%	Excellent Top 10%	Above Average Top 25%	Average Middle 50%	Below Average Lower 25%	Unable to Rate
Intellectual Ability						
Spoken Expression						
Written Expression						
Professionalism						
Emotional Maturity						
Reliability						
Integrity						
Interpersonal Skills						
Self Motivation						
Professional Commitment						
Time Management						
Organizational Skills						
Problem Solving Abilities						

How long have you known the applicant? _____

In what capacity? _____

What is your assessment of the applicant's promise as a Bio-medical Research Student: (Give views on such matters as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, orally and in writing, drive and motivation, and clinical interest.)

Do you know of any matters related to character and responsibility that could affect the applicant's ability to successfully complete a Bachelors Degree in Science and pursue a career in Biomedical Research?

With respect to your relationship with the applicant, please list what you feel are the applicant's strengths and weaknesses:

III. SUMMARY EVALUATION:

In comparison with a representative group of individuals in the same field who have approximately the same amount of experience and training, how do you rate the applicant in GENERAL ALL-AROUND ABILITY?

<u>Truly Exceptional</u>		<u>Average</u>	<u>Below Average</u>	<u>Do Not Recommend</u>
6	5	4	3	2
				1

Recommender's Name: _____

Position: _____

Address: _____

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Telephone Number(s) _____ E-

Mail: _____

Signature: _____

Date: _____

IV. PLEASE RETURN THE COMPLETED FORM TO:

Susan Lovato, Program Manager
STEPS (Strides Toward Encouraging Professions
in Science)
Metropolitan State College of Denver
Campus Box 52, P.O. Box 173362
Denver, CO 80217-3362
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