

**University of Virginia
Summer Research Internship Program (SRIP)
Recommendation Form**

APPLICANT COMPLETES THIS BLOCK

Full Name of Applicant
(include all Last, first, middle names)

Applicant's Year of Birth
(leave blank if needed)

APPLICANT-Add your personal information above, save the document locally (perhaps on your desktop) and then cc change the name of the document, combining your last name, and the last name of your referrer (ex. Jones_Smith.doc). Forward the request your recommender for completion, and submission. Adobe Acrobat or an equivalent editor is required in order to edit this document. Adobe Acrobat will not save the changes.

RESPONDENT- Please complete the following sections, edit and save the document locally(perhaps on your desktop), and then email the completed document to srip-recommend@virginia.edu OR print and fax it to 434-924-0140. If you have any questions feel free to telephone us 434-924-1757.

PART ONE

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores, from 1 (best) to 5 (poorest).

Provide a score for every block; insert "X" if insufficient knowledge to rate and "N" if not applicable:

1 - Comparable to the best individual in a current class or research laboratory (upper 5%); 2 - Upper 6 to 20%; 3 - Upper 21 to 40%; 4 - Middle 41 to 60%; 5 - Lower 40%

Research Ability and Potential

Originality

Written and Verbal Communications

Accuracy

Perseverance in Pursuing Goals

Scientific Background

Self-Reliance and Independence

Familiarity with Research Literature

Laboratory Skills and Techniques, if relevant

Ability to Organize Scientific Data

PART TWO

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. (2000 Characters or less below, or complete this section on your own letterhead and return alongside PART ONE.)

DATES ASSOCIATED WITH APPLICANT

CAPACITY AT THAT TIME (*Teacher, dissertation advisor, supervisor, or other*)

RESPONDENT (*Full Name, title, department, and institution*)

TELEPHONE NUMBER

EMAIL ADDRESS

TODAY'S DATE