



Undergraduate Cancer Research Training Program (UCRTP) Letter of Recommendation Form

Recommender's Name: Student's Name:

Rank/Dept: Student's email:

Institution:

City: State Zip Code:

Telephone Number: Email:
555-555-5555

Fax Number:
555-555-5555

The Undergraduate Research Training Program is a 12-week research program in which undergraduate students are paired with research mentors and engage in a directed basic and clinical research project in an area of cancer research and/or cancer outreach. We would appreciate your assessment of the applicant with this in mind.

How long have you known the applicant?

How well do you know the applicant? Slightly Moderately Well Very Well Not enough to recommend

Applicant's relationship to you: Student Mentee Research student Other

Please rate the student compared to other students you have known, using the following criteria:

	Outstanding	Very good	Good	Fair	No Basis For Judgement
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self Verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity and Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable, Responsible, Ethical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to New Experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to Successfully Complete a Research Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Graduate or Professional Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any special factors that should be considered or taken into account when considering the applicant for participation in the summer Undergraduate Cancer Research Training Program?

Please comment briefly on any additional factors regarding the applicant's ability to contribute to and benefit from an undergraduate research experience. Discuss areas in which the applicant needs to improve, as well as his/her strengths. **Attach a separate letter if you wish.**

Signature

Date

You may email the form and any letter to milenapavlova@cdrewu.edu. You can also mail this form and letter (if any) to:

Charles R. Drew University of Medicine and Science
Division of Cancer Research and Training
1731 East 120th Street
ATTN: Milena Pavlova
Los Angeles, CA 90059

All application materials are due **February 16, 2018** (received or postmarked), *unless notified otherwise*.