###### CONFIDENTIAL REFERENCE FORM



## MAXIMIZING ACCESS TO RESEARCH CAREERS (MARC) PROGRAM

Funded by the National Institutes of Health/National Institute of General Medical Sciences

1. TO THE APPLICANT: Please request a current or former research mentor, instructor, advisor, or supervisor who is in a position to evaluate your potential for STEM research to complete this form. Please type or print the following information before submitting the form for completion.

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| Applicant’s Name:  |

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| Name of Person who will complete form:  |

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| II. TO THE EVALUATOR: This form is for your convenience. If you prefer to give your comments in a letter, please feel free to do so, but please use the following questions as a guide for writing your letter of support. Address the letter to the MARC Selection Committee. |

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| A. How long and in what capacity have you known the applicant? If this applicant is currently undertaking research in your lab, please indicate their role in the project and your level of satisfaction with their performance/progress in your lab. How well do you think they will do as an undergraduate student carrying on advanced curriculum of study in their field of interest?  |
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| B. What is your estimate of the student’s previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly (orally and in writing), drive and motivation? |
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| C. Do you know of any special circumstances, which should be taken into account in planning for the student’s research activities? |
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| D. What do you feel are the student’s strongest points?  |
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| E. What do you feel are the student’s areas for improvement?  |
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| F. In your opinion, what is the student’s potential to get accepted and be successful in graduate school (particularly at the doctoral level)? |
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| G. If you feel that a meaningful comparison can be made, please rank the applicant with regard to other students at the same educational level. |

☐ Below Average ☐ Average ☐ Above Average ☐ Outstanding ☐ Exceptional

 Lowest 50% Middle 20% Next 15% Next 10% Highest 5%

H. I…

 ☐ Strongly recommend

 ☐ Recommend

 ☐Recommend with reservations

 ☐DO NOT recommend

 that this student be accepted as a research participant in the MARC Program.

Signature: Date:

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| --- |
| Title:  |
| Department:  |
| Institution: |
| E-mail:  |
| Phone:  |

This student evaluation should be sent via email (maltemus@sdsu.edu) or delivered in person
(GMCS 322) and addressed to:

San Diego State University

MARC Program Selection Committee

College of Sciences, GMCS322

Questions about the MARC program or application?

Contact Michelle at 619-594-3744 or
e-mail: maltemus@sdsu.edu