Biomedical Research Training
FOR
HIGH SCHOOL STUDENTS
COUNSELOR'S RECOMMENDATION

NOTE TO APPLICANT: Complete page 5 and deliver pages 5-7 to counselor.

PLEASE PRINT OR TYPE

Name of Applicant _______________________________________________________
Last First MI

School Attending __________________________________________ Grade ____

Is applicant claiming one or more of the following disadvantages:
   economic _____? educational_____? geographical _____? physical _____?

UTMB is an Affirmative Action Minority/Female/Handicapped Employer.

NOTE TO COUNSELOR: The student whose name appears above is applying for a position in the UTMB Biomedical Research Training Program. Your candid estimate of academic performance, intellectual promise and personal qualities is important to the selection committee in making final selections for this summer's program. Because of federal legislation giving students access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below.

Counselor should return this recommendation form directly to:

Kathleen Tiernan, MS, CHES
Director, Biomedical Research Training for High School Students
Office of Educational Outreach
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-0981

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant ___________________________ Date __________
1. How long have you known this applicant? ____ year(s) ____ month(s).

2. Your interactions with this student have been:
   occasional ____/ moderately often ____/ very often ____.

3. Please Validate some information from the transcript:
   a) What is the student’s GPA?_______ If no GPA, please explain:________________________________________
   b) What is the size of the student’s graduating class?_______________________________
   c) What is their class rank?_______ If no ranking, please explain:________________________
   d) Standardized test scores:
      PSAT/SAT
      Math____ Verbal____ Reading____ Science____ Reasoning____ Writing____ Comp____
      ACT
      Math____ Verbal____ Reading____ Science____ Reasoning____ Writing____ Comp____

4. ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL: Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

<table>
<thead>
<tr>
<th></th>
<th>Truly Exceptional (Top 1%)</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Very Good (Top 25%)</th>
<th>Satisfactory (Top 50%)</th>
<th>Average (Lower 50%)</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General academic achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement in math/science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imagination/creativity potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to interact with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6
5. Applicant's overall suitability for the program. Please indicate the strength of your overall endorsement of this applicant by placing a single checkmark in one of the boxes:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truly Exceptional (Top 1%)</td>
<td>Outstanding (Top 5%)</td>
<td>Excellent (Top 10%)</td>
<td>Very Good (Top 25%)</td>
<td>Satisfactory (Top 50%)</td>
<td>Average (Lower 50%)</td>
<td>No Basis for Judgment</td>
</tr>
</tbody>
</table>

6. Elaborate on the strengths and limitations of the applicant as they relate to his/her suitability for the program. What differentiates this student from other students you have encountered? Do you expect this program to benefit the applicant significantly? (Use the back of this page if necessary.)

7. If the applicant claimed a disadvantage (see cover sheet), please assess the validity of that claim.

____________________________________  ______________________________________
Signature of Counselor                Date                        Work email

____________________________________  ______________________________________
Printed Name of Counselor             Work Ph                    Home Ph

____________________________________  ______________________________________
Email Address                        Home Address                City                        State                        Zip Code

____________________________________  ______________________________________
High School                          Street Address              City                        State                        Zip Code