



## The Summer 2009 STAR Program

Student Training And Research Program for Undergraduate Students  
 The Medical College of Georgia | School of Graduate Studies  
 www.mcg.edu/star | STAR@mcg.edu

### 1. Name of STAR program applicant

**To the reference:** The above named student has applied to the STAR program at the Medical College of Georgia and has requested you as a reference. The STAR program provides excellent opportunities for highly motivated and talented undergraduate students to develop skills as young scientists and to explore their interest in biomedical research. We would appreciate your candid appraisal of this applicant for this particular program. Please return this form with a letter of recommendation at your earliest convenience. The **deadline for application is February 19, 2009**. Please note that the confidentiality of this form cannot be guaranteed. Thank you for your assistance in evaluating this applicant.

### 2. Name of referee filling out this form

3. Address of reference

4. City

5. State

6. Zip

7. Email

8. Daytime telephone number

9. I have known the applicant for \_\_\_\_\_ years as the applicant's \_\_\_\_\_.

10. Do you have any reason to doubt the applicant's integrity?  NO  YES (If yes, please attach explanation)

11. Please make your appraisal of this applicant compared to his/her peer group with reference to:

	EXCELLENT (highest 10%)	ABOVE AVERAGE (next highest 10%)	AVERAGE	BELOW AVERAGE	NOT OBSERVED
A. Interest in biomedical research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Experience in laboratory research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Research Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 12. Please attach additional comments in a letter of recommendation that you feel will help us to evaluate this applicant.

13. Please indicate your overall recommendation:

not recommended     recommended with reservation     recommended     recommended strongly

Signature of referee

Position or title

Date completed

**Thank you!**

Please send completed forms and letters to: Patricia L. Cameron, PhD, Director of the STAR Program  
 Medical College of Georgia | School of Graduate Studies | STAR Office: CJ-2201 | 1120 15th Street | Augusta, GA 30912-1500