

Dear

The Department of Pediatrics at Rainbow Babies & Children's Hospital of University Hospitals of Cleveland/Case Western Reserve University School of Medicine greatly appreciates your participation in supporting applicants for our summer Student Research Program.

Please complete the enclosed recommendation form and return it to:

Mitchell Drumm, Ph.D.
Biomedical Research Building, Room 830
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4948

Thank you again for your assistance in encouraging students to gain the research experience essential for the development of their career goals.

Sincerely,

Mitchell Drumm, Ph.D. Summer Research Program Director
Connie May, Summer Research Program Manager

**STUDENT RESEARCH PROGRAM RECOMMENDATION FORM
DEPARTMENT OF PEDIATRICS RAINBOW BABIES & CHILDREN'S HOSPITAL
UNIVERSITY HOSPITALS OF CLEVELAND
CASE WESTERN RESERVE UNIVERSITY**

STUDENT'S NAME: _____

REFERENCE: _____

TITLE: _____

INSTITUTION: _____

DEPT.: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

TELEPHONE NUMBER: _____

How are you acquainted with this applicant (teacher, advisor, etc.)?

How would you rate the applicant academically?

Upper 3% (), Upper 10% (), Upper 25% ()
Upper 50% (), Lower 50% (),

What qualities or talents make this applicant a good candidate for a summer research position?

Other Comments:

SIGNATURE

DATE