



THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Center for Psychiatric Neuroscience

NEUROSCIENCE SCHOLARS SUMMER PROGRAM
Faculty Recommendation Form

**Completed form must be placed in a sealed envelope and submitted
with the student's application by March 12, 2010.**

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| STUDENT'S NAME | |
| INSTITUTION | |
| FACULTY NAME | |
| DEPARTMENT AND POSITION | |
| <u>ACADEMIC RATING</u> <input type="checkbox"/> outstanding <input type="checkbox"/> average <input type="checkbox"/> below average | |
| <u>INITIATIVE</u> <input type="checkbox"/> Self-starter nearly all the time. <input type="checkbox"/> Frequently is a self-starter; needs occasional prompting. <input type="checkbox"/> Occasionally is a self-starter; needs frequent prompting. | |
| <u>ORAL COMMUNICATION SKILLS WITH TEACHERS</u> | |
| <input type="checkbox"/> excellent <input type="checkbox"/> very good <input type="checkbox"/> average <input type="checkbox"/> below average | |
| <u>QUALITY OF WRITTEN REPORTS</u> | |
| <input type="checkbox"/> excellent <input type="checkbox"/> very good <input type="checkbox"/> average <input type="checkbox"/> below average | |
| <u>QUALITY OF LABORATORY SKILLS</u> | |
| <input type="checkbox"/> excellent <input type="checkbox"/> very good <input type="checkbox"/> average <input type="checkbox"/> below average <input type="checkbox"/> don't know | |

| | |
|-----------------------|--|
| STUDENT'S NAME | |
| FACULTY NAME | |

ADDITIONAL COMMENTS (Please include additional comments on the student's ability to perform laboratory research and any other characteristics that might have an influence on the student's experience at the Center for Psychiatric Neuroscience.)

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| FACULTY SIGNATURE | DATE |
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