

MHD SROP Reference Form
The University of Arizona
Minority Health Disparities Summer Research Opportunity Program

Applicant Evaluation

Student's Full Name

Student's Social Security Number:

College / University:

Faculty Evaluator and Title:

Faculty Email:

Faculty Evaluator's Signature:

How long have you known the student
and in what capacity?

Please rate the student in all categories with which you feel qualified to assess characteristics relative to other students at the same academic level with whom you have had contact. Place an (X) in the field that best describes the student's characteristics.

Characteristic	Outstanding	Excellent	Good	Average	Below Average
Desire to learn					
Curiosity					
Creativity					
Hard working					
Perseverance					
Ability to adapt to new situations					
Scientific knowledge					
Technical expertise					

Please include a letter of recommendation that provides any information that would be helpful in assessing the student's placement in the MHD SROP, including obstacles the student has overcome. Return this form with the letter of recommendation to:

MHD SROP
The University of Arizona
Graduate College Diversity Programs
1031 N. Mountain Ave.
Tucson, AZ 85721-0102