



PREDOCTORAL APPLICANT EVALUATION FORM

Applicant: Please fill out Section I and then send the form to the Evaluator. Evaluator: Please fill out the rest of the form, sign it, and send it to Prof. Fox.

Fax to 310-206-1703 or mail to:

UCLA Tumor Cell Biology Predoctoral Training Committee, c/o Fred Fox (PI) Department of Microbiology, Immunology & Molecular Genetics University of California, Los Angeles PO Box 951489, Los Angeles, CA 90095-1489

1. **NOTE TO EVALUATOR:** _____ (*predoctoral applicant*) has selected you as a reference to support his/her application for research training with

_____ (*mentor/mentors*) at UCLA. Please complete this form and mail it to the address given above. Timely receipt of the completed evaluation is crucial. You may fax your materials, as well as sending them by regular post.

2. Rate the applicant on the items below by a numerical score of 1 to 5, basing such ratings on the degree of accomplishment you usually expect of individuals at this level (1-outstanding, 2-above average, 3-average, 4-below average, 5-poor, X-insufficient knowledge to rate).

3. Expand on the points above and describe qualifications and traits you consider of special significance in judging this applicant's fitness for a research career **by attaching your Letter of Recommendation to this form.**

4. Indicate dates during which you were associated with this applicant: Capacity at that time (teacher, advisor, etc.):

A. Originality

F. Perseverance in Pursuing Goals

B. Accuracy

G. Ability to Organize Scientific Data

C. Research Ability

H. Familiarity with Research Literature

D. Scientific Background

I. Proficiency in Laboratory Work

E. Ability to Exchange Ideas

J. Ability to Write Journal Articles

Your Name: _____

Title: _____

Department: _____

Institution: _____

Address: _____

Phone Number: _____

SIGNATURE OF EVALUATOR

DATE