



NIH – National Cancer Institute
 Institutional National Research Service Award
 T32 CA09056 – UCLA Tumor Cell Biology Training Program

POSTDOCTORAL APPLICANT EVALUATION FORM

*Applicant: Please fill out Section 1 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 Postdoctoral 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:** _____ (*postdoctoral 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, if time constraints present a problem.

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).

- | | |
|---|--|
| <input type="checkbox"/> A. Originality | <input type="checkbox"/> F. Perseverance in Pursuing Goals |
| <input type="checkbox"/> B. Accuracy | <input type="checkbox"/> G. Ability to Organize Scientific Data |
| <input type="checkbox"/> C. Research Ability | <input type="checkbox"/> H. Familiarity with Research Literature |
| <input type="checkbox"/> D. Scientific Background | <input type="checkbox"/> I. Proficiency in Laboratory Work |
| <input type="checkbox"/> E. Ability to Exchange Ideas | <input type="checkbox"/> J. Ability to Write Journal Articles |

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.): _____

Your Name: _____

Title: _____

Department: _____

Institution: _____

Address: _____

SIGNATURE OF EVALUATOR

DATE