



DHS Summer Research Team Program for Minority Serving Institutions

Student Reference Report Form

Applicant's Name: (First) (Middle) (Last)

RESPONDENT INFORMATION

Full Name

E-Mail Address: Phone:

Institution/Organization:

Department:

Title:

Address:

City: State/Region/Province:

Zip Code: Country:

How long have you known the applicant? (mm/yyyy) to (mm/yyyy)

In what capacity have you known the applicant?

Compared to other individuals of comparable age and experience you have known in the last five years, how would you rate the applicant with respect to the following PERSONAL CHARACTERISTICS?

- Motivation and persistence toward a productive career
Growth during total period observed
Imagination and originality of thought
Emotional maturity and stability
Ability to work with others
Independence and self-reliance
Leadership potential
Demonstration through words and deeds of benefiting society through work in and dissemination of science and technology

Compared to other individuals of comparable age and experience you have known in the last five years, how would you rate the applicant with respect to the following SCIENTIFIC CAPABILITIES?

- Mastery of fundamental knowledge in field
Skill/originality of research project design
Laboratory skill and technique
Productivity in research
Ability to communicate (written/oral)

**Add any descriptive comments that will assist in providing a complete picture of the applicant's abilities. Include specifics about this applicant that will demonstrate why this applicant will be persistent and productive doing research.**

**I hereby certify that that the above information is correct to the best of my knowledge and contains no false or fraudulent representations, statements, or entries.**

Signature:

Date:

*Submit electronically by **February 5, 2012**, from an email account that is named in such a way that it is obvious that the email account is owned by the person writing the reference. Send to: [dhsed@orau.org](mailto:dhsed@orau.org)*

*If your computer does not support the electronic signature feature, please sign, date, and scan the signature page before returning all pages of this form in one email to [dhsed@orau.org](mailto:dhsed@orau.org).*