



School of
Medicine

**Teachers and High School Students Program (TAHSS) High School Student
Recommendation Form (Student please make copies as needed.)**

Student's Name: _____

School: _____

I give my permission for this reference to remain confidential between the Tufts University School of Medicine (TUSM) Teachers and High School Students Program (TAHSS) and the recommender.

Applicant's Signature: _____

Date _____

RECOMMENDER

The student named above is applying to the Teachers and High School Students Program (TAHSS). TAHSS provides summer research experience for high school students with interests in research, health and health related professions. While all applicants will be considered, the program aims to provide an opportunity especially to students from socioeconomic and educationally disadvantaged backgrounds and students from under-represented in medicine communities.

Please attach a letter of your assessment of the applicant's interest, and discuss why you believe the student is a potential candidate for our summer research experience. Please include the length of time and in what capacity you have known the student.

You may send this completed form and recommendation letter to me electronically at TAHSS@tufts.edu

Recommender Name: _____

Title: _____

School: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Signature: _____ Date: _____

The deadline for receipt of application and supporting materials is February 8, 2016.

Forward all paperwork and materials to TAHSS@tufts.edu

Feel free to contact Marlene with questions at 617-636-0992 or email Marlene.Jreaswec@tufts.edu
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