

Annual Biomedical Research Conference for Minority Students (ABRCMS)

November 4-7, Phoenix, Arizona

2009 ABRCMS Travel Award

Research Adviser Recommendation Form

The ABRCMS Travel Award offers undergraduate and postbaccalaureate students the opportunity to participate in one of the nation's premier scientific meetings for biomedical and behavioral science students. **Two recommendation forms are required per application, one from a research adviser and one from a faculty member.**

To assist in the evaluation of the applicant, please provide an assessment by completing the information requested below. **Please type all information.**

Applicant's Name: _____

Application's Control Number (*provided by the student*): _____

Reference Contact Information

Reference's Name: _____
Last First Middle Initial

Name of College/University: _____

School Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Fax: _____

Reference's Email Address: _____

How long have you known this applicant?

___ Less than 3 months ___ 3-9 months ___ 10-24 months ___ More than 2 years

How long did the applicant conduct research under your supervision?

___ Less than 3 months ___ 3-9 months ___ 10-24 months ___ More than 2 years

This applicant shows

___ great promise and interest in applying to a graduate program

___ some promise and interest in applying to a graduate program

___ little promise and interest in applying to a graduate program

In the space provided, please address each of the following:

1. Describe the applicant's role in the overall research project.

2. How large is your research team and how often did you meet with applicant?

3. What contributions did the applicant make to the overall project?

4. Describe the applicant's ability to work independently, providing concrete examples.

5. How would the applicant benefit from attending ABRCMS?

I acknowledge that I am the research advisor listed above.

Signature **Date**

This recommendation form **MUST BE RECEIVED on or before September 11, 2009. Please fax this form to (202) 403-3513.**

If you have any questions or concerns, please email jgiffin@asmusa.org or call (202) 942-9348. For more information, visit our conference website at: www.abrcms.org.

The information contained in your recommendation will be held confidential, except as required by law.