

The Art and Science of Medicine
HHMI Summer Program at Kalamazoo College
Counselor Recommendation Form
Program Dates: June 22 to June 28, 2008

Please complete this form before March 31, 2008 if possible, as review of applications will begin on that date.

CANDIDATE:

SCHOOL:

How long have you known this student?

Please describe the extent and quality of your relationship to the student.

Please describe the student's strengths and weaknesses of character, ability, and personality as you know them.

How would participation in The Art and Science of Medicine be particularly beneficial for this student?

Are you aware of any reason the applicant should not participate in this program?

In what ways has the student demonstrated special ability and interest in science? Please be as specific as possible.

In school:

Outside of school:

Do you believe that this student's grades accurately reflect her/his abilities? (Please explain, if appropriate.)
A copy of the student's transcript must accompany this form.

Name

School

Area Code/Phone Number

Signature

Date

You are invited to make any additional comments on this sheet or on a separate sheet to be enclosed with this reference. The information you provide will be held in the strictest confidence.

Please submit online

or return a completed recommendation to:

Dr. Regina Stevens-Truss
Director of the Arts and Science of Medicine Program
Kalamazoo College
1200 Academy St.
Kalamazoo, MI 49006