

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

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

**CANDIDATE:**

**SCHOOL:**

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How long have you known this student?

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

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

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

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

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

In school:

Outside of school:

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Do you believe that this student's grades accurately reflect her/his abilities? (Please explain, if appropriate.)

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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