

**UC Davis Cancer Center
Training Program in *Oncogenic Signals and
Chromosome Biology*
Reference Form**

(Applicant completes this block.)

NAME OF APPLICANT (*Last, first, middle initial*)

PROPOSED SPONSORING INSTITUTION
University of California, Davis

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores, from 1 (best) to 5 (poorest). Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

- | | |
|--|--------------------|
| 1 Comparable to the best individual in a current class or research laboratory (upper 5%) | 4 Middle 41 to 60% |
| 2 Upper 6 to 20% | 5 Lower 40% |
| 3 Upper 21 to 40% | |

Use black ink.

- | | |
|---|--------------------------------------|
| Research Ability and Potential | Originality |
| Written and Verbal Communications | Accuracy |
| Perseverance in Pursuing Goals | Scientific Background |
| Self-Reliance and Independence | Familiarity with Research Literature |
| Clinical Proficiency, if relevant | Ability to Organize Scientific Data |
| Laboratory Skills and Techniques, if relevant | |

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. (*Use additional pages as necessary.*)

DATES ASSOCIATED WITH APPLICANT

CAPACITY AT THAT TIME (*Teacher, dissertation advisor, supervisor, or other*) (*Use continuation pages as necessary.*)

RESPONDENT (*Name, title, department, and institution; please print*)

TELEPHONE NUMBER

SIGNATURE

DATE

Return completed evaluation in confidence to:

Sharon Boylan
saboylan@ucdavis.edu
Please fax signed copy
(530) 752-9014