

Application for Student Fellowship

Mount Desert Island Biological Laboratory
PO Box 35
Salisbury Cove, Maine 04672
207-288-3605

Teacher Recommendation

Student Name: _____ Institution: _____

Evaluator Name: _____ Title: _____

Evaluator's Institution: _____

Address: _____

Telephone number: _____ Email: _____

How long have you known the applicant?: _____ In what capacity?: _____

A. Using the following table, please rank the applicant's position in his/her group by checking the appropriate box.

	Unable to evaluate	Below average	Average	Above average	Superior
Knowledge of biological science					
Intellectual ability					
Originality of ideas					
Laboratory skills					
Verbal facility					
Writing facility					
Persistence under pressure/difficulty					
Acceptance of responsibility					
Ability to work independently					

B. Please attach a one-page narrative evaluation of the applicant, addressing each of the following points. Please write the applicant's name at the top of the page.

1. Indicate the applicant's strongest positive characteristic and give a brief example.
2. Indicate the applicant's weakest point and its importance to the applicant's effectiveness.
3. Please comment on the applicant's demeanor in a group environment.
4. Please print and sign your name at the end of the narrative.
5. Additional comments, if any.
6. Return the recommendation to the student in a sealed envelope with your signature across the back of the envelope over the seal.