CURE PROGRAM SUMMER 2020
STUDENT RECOMMENDATION FORM

This student is applying for the University of New Mexico’s CURE Summer Research program for Native American High School Students and I have agreed to serve as the student’s sponsor or mentor.

Student’s Name: ________________________________________________________________
Teacher/Mentor Name:__________________________________________________________
Your email address: ____________________________________________________________

How long have you known this student? _______

Please circle a number, rating the student in each statement using the following:
1 = Below average  2 = Average  3 = Above average  4 = Excellent or n/a if you have limited knowledge.

1) Student is willing to accept responsibility  1  2  3  4  n/a
2) Student completes assigned tasks  1  2  3  4  n/a
3) Student communicates well with others  1  2  3  4  n/a
4) Student has sound writing skills  1  2  3  4  n/a
5) Student is able to work independently  1  2  3  4  n/a
6) Student demonstrates a mature attitude  1  2  3  4  n/a
7) Student often asks meaningful questions  1  2  3  4  n/a
8) Student works well in a group situation  1  2  3  4  n/a
9) Student is sensitive to the feelings of others  1  2  3  4  n/a
10) Student seeks to understand others  1  2  3  4  n/a
11) Student is motivated to learn  1  2  3  4  n/a
12) Student demonstrates initiative  1  2  3  4  n/a
13) Student is hard working, task committed, and productive  1  2  3  4  n/a
14) Student is interested in learning more about cancer  1  2  3  4  n/a

___________________________________________________________________________
Teacher’s Signature

___________________________________________________________________________
Date