

**Annual Biomedical Research Conference for Minority Students (ABRCMS)  
November 10-13, Charlotte, North Carolina  
2010 ABRCMS Student Travel Award  
Research Advisor Recommendation Form**

The ABRCMS Student Travel Award offers undergraduate and postbaccalaureate students the opportunity to participate in one of the nation's premier scientific meetings for biomedical and behavioral science students. **Two recommendation forms are required per application, one from a research advisor and one from a faculty member. If you are the faculty member, please contact the applicant for the proper form.**

To assist in the evaluation of the applicant, please provide an assessment by completing the information requested below. **Please type all information. Handwritten forms will be returned and not included with the application. This form is also available in a Word format upon request.**

**Applicant's Name:** \_\_\_\_\_

**Application's Control Number** (*provided by student*): 10---\_\_\_\_\_---\_\_\_\_\_---ABRCMS  
(Please note: this number is not the abstract submission number)

**Reference Contact Information**

Reference's Name: \_\_\_\_\_  
Last First Middle Initial

Name of College/University: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference's Email Address: \_\_\_\_\_

**How long have you known this applicant?**

\_\_\_ Less than 3 months    \_\_\_ 3-9 months    \_\_\_ 10-24 months    \_\_\_ More than 2 years

**How long did the applicant conduct research under your supervision?**

\_\_\_ Less than 3 months    \_\_\_ 3-9 months    \_\_\_ 10-24 months    \_\_\_ More than 2 years

**This applicant shows**

\_\_\_ great promise and interest in applying to a graduate program

\_\_\_ some promise and interest in applying to a graduate program

\_\_\_ little promise and interest in applying to a graduate program

**In the space provided, please address each of the following:**

1. Describe the applicant's role in the overall research project.

2. How large is your research team and how often did you meet with the applicant?

3. What contributions did the applicant make to the overall project?

4. Describe the applicant's ability to work independently, providing concrete examples.

5. How would the applicant benefit from participating in ABRCMS?

**I acknowledge that I am the research advisor listed above.**

\_\_\_\_\_

**Signature** **Date**

This recommendation form **MUST BE RECEIVED on or before September 10, 2010 at 11:59 PST. No exceptions will be made. Please fax this form to (202) 403-3513 or via email [abrcms@asmusa.org](mailto:abrcms@asmusa.org).**

If you have any questions or concerns, please email [abrcms@asmusa.org](mailto:abrcms@asmusa.org) or call (202) 942-9348. For more information, visit our conference website at: [www.abrcms.org](http://www.abrcms.org).

**The information contained in your recommendation will be held confidential except as required by law.**