SHOALS MARINE LAB SUMMER RESEARCH RECOMMENDATION FORM

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

**To be completed by the applicant:**

Do you waive any rights you may have to read or obtain copies of the recommendation?

Yes \_\_\_\_\_

No \_\_\_\_\_

Project title:

Name of faculty research mentor:

Signature of Applicant: Date:

*\*electronic signature accepted*

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

**To be completed by the faculty research mentor:**

You may answer these questions in this document or attach an additional document. Please provide sufficient information in your answers for the selection committee to evaluate the student’s application. Note that a formal letter of recommendation is not necessary.

*1. How long and in what capacity have you known the applicant?*

*2. What is your evaluation of the feasibility and quality of the proposed research, and the student’s ability to complete the project successfully?*

*3. What was your role in developing the project and what do you expect your role to be as the student’s research mentor during the summer?*

*4. Have visited the Shoals Marine Lab? If so, provide a brief description of your visit (including the length of your visit and your impression of the facility and location).*

*5. How many days do you plan to spend at Shoals over the summer with your student?*

*6. Do you have any concerns about this student spending the full summer on the island given the small size and relative isolation of the facility?*

Signature: Date:

*(\*electronic signatures accepted)*

Please submit this cover page along with your answers to the questions via email to:

Biological.Sciences@dartmouth.edu