



## Confidential Teacher Recommendation Form Instructions

You are requested to submit a recommendation for one of your students who is applying for the University of Arizona College of Medicine - Phoenix / Flinn Foundation Internship Program. Your candid assessment is of great value to the selection committee and to the success of the program. After the candidate signs page one, please complete the form on the following page, sign it and upload it to the [Recommendation Form Submission Portal](#).



<https://tinyurl.com/mu8ah7kc>

Teacher recommendations are due by Friday,  
**April 14, 2023 by 5:00pm.**

## Information about the Summer Internship Program

The goal of the 2023 University of Arizona College of Medicine - Phoenix / Flinn Foundation Summer Internship Program is to offer an opportunity for qualified undergraduate students to engage in hypothesis-driven research and to interact with other students, postdoctoral associates and faculty in an inclusive environment within various departments at the College of Medicine - Phoenix. Students work in an interdisciplinary environment that fosters critical and analytical thinking and intellectual adventure. The aim is to recruit students into biomedical research and medicine. In addition, students are encouraged to explore their career goals and will be guided in ways to achieve them. This is a paid eight-week internship.

The summer internship program is committed to providing inclusive hands-on research opportunities to talented students from all backgrounds.

The 2023 program begins May 15th and continues through July 14th. The program concludes with a mini symposium on Thursday, July 13th, during which students deliver a presentation detailing their research experience.

## Program Participant Waiver

I, \_\_\_\_\_ waive my right of access to this recommendation and I understand that I will not be able to see it under any circumstances.

\_\_\_\_\_  
Participant Signature

University of Arizona College of Medicine - Phoenix / Flinn Foundation  
Summer Internship Program



THE UNIVERSITY OF ARIZONA  
College of Medicine  
Phoenix



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## Teacher Recommendation Form

Student Name	First:	Last:
Current School Name		
Teacher Name	First:	Last:

### Ratings

Please compare the applicant to other students in these areas:

1. Academic Ability (especially in science/mathematics).

\_\_\_ Top 5% \_\_\_ Top 10% \_\_\_ Top 25% \_\_\_ Top 50% \_\_\_ Below Average \_\_\_ Cannot Evaluate

2. Initiative and motivation:

\_\_\_ Top 5% \_\_\_ Top 10% \_\_\_ Top 25% \_\_\_ Top 50% \_\_\_ Below Average \_\_\_ Cannot Evaluate

3. Conscientiousness and responsibility:

\_\_\_ Top 5% \_\_\_ Top 10% \_\_\_ Top 25% \_\_\_ Top 50% \_\_\_ Below Average \_\_\_ Cannot Evaluate

4. Ability to work collaboratively:

\_\_\_ Top 5% \_\_\_ Top 10% \_\_\_ Top 25% \_\_\_ Top 50% \_\_\_ Below Average \_\_\_ Cannot Evaluate

5. Ability to work in a laboratory environment:

\_\_\_ Top 5% \_\_\_ Top 10% \_\_\_ Top 25% \_\_\_ Top 50% \_\_\_ Below Average \_\_\_ Cannot Evaluate

### Remarks

Please comment on how you know the student's strengths and weaknesses as a math or science student; and the student's ability to thrive in an internship alongside college faculty and students.

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If additional space is required, please attach a letter of recommendation.

Recommender Signature	
Title	
Phone	
Email	