

## **Recommendation for ISP Applicant**

**(Please refer to student for exact date or Google.doc link for yearly form updates)**

Dear Recommender,

For an applicant to be considered for the Immersion Science Program, all three sections of this recommendation form must be completed and returned to the Immersion Science Program office by the following Application Deadline:

**Monday (END OF APPLICATION CYCLE) BY 5:00PM**

Please fill out this 3-part recommendation form (do **not** include this cover page) and either:

1. Email completed form to: [ImmersionScience.FoxChase@fcc.edu](mailto:ImmersionScience.FoxChase@fcc.edu)
  - a. **Preferred method...must be sent from recommender's email address.**
  - b. Subject: STUDENT NAME: ISP18LoR
  
2. Mail completed form (Parts I, II, & III only, no cover page) and letter of recommendation to:

Fox Chase Cancer Center  
Immersion Science Program  
333 Cottman Avenue  
Philadelphia, PA 19111

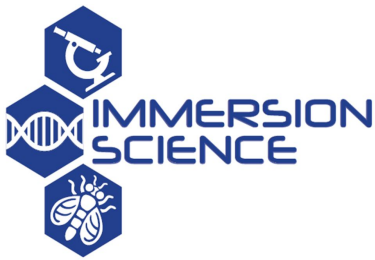
**Postal submissions MUST arrive at ISP office by the above date/time.  
Envelope should be sealed and teacher signature will appear across the seal.**

School or professional letterhead is preferred for Part III.

**Please do NOT place recommendation into the body of an email.**

Thank YOU for taking the time to help us get to know your student!!

-The ISP Team



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**To the Applicant:** Two letters are required, with at least 1 from a science teacher that has known & worked with you for 1+ years. This person may be included on applicant's reference list. There is a three letter maximum. Thank you. Please complete this section, then either make copies or send the Google doc link when requesting your letters.

Student Name: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Section I: Recommender Information**

Recommender Name/Title: \_\_\_\_\_

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

Subject(s) Taught: \_\_\_\_\_ Grade Level(s) Taught: \_\_\_\_\_

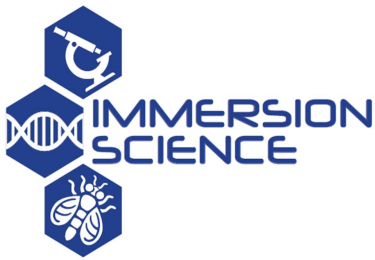
Other affiliation (Coach, Employer, Clergy, etc.): \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

### **Section IIa: Survey**

Please estimate the extent to which the student demonstrates each of the qualities listed below. Mark, circle, or highlight the appropriate numbers.

	Outstanding		Average		Needs Improvement
Interest in science	5	4	3	2	1
Enthusiasm for learning	5	4	3	2	1
Independent thinker	5	4	3	2	1
Ability to problem solve	5	4	3	2	1
Ability to get along with new people	5	4	3	2	1
Ability to work in groups	5	4	3	2	1



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**Section IIb: Comments:** Please comment on any of the above, specific examples for scores of “5” should be addressed in the recommender letter. Thank you.

### Section III: Letter of Recommendation

**To the Recommender:** The student named above is applying to the 2018 Immersion Science Program at Fox Chase Cancer Center. The ISP is a rigorous, undergraduate-to-graduate-level academic program, running from bench-work boot-camp to student-driven hypothesis development, experimental design, execution, and presentation.

Write a brief appraisal (2 pages max, double spaced) of this applicant (see topics below) and return this form and your letter of support (letterhead is preferred, please do not include recommendation in the body of the email) to the Immersion Science Program office at the above address (email or postal delivery).

Our selection committee will be interested in your opinion of this candidate’s academic and personal traits, work habits, collaborative nature, and level of maturity. Please comment on the applicant’s ability to handle learning situations dealing with review material, new concepts, challenging material, independent on-line research, and hands-on laboratory applications. Describe why you think the applicant is a good candidate for this program, what you feel *their contribution will be*, and how they will benefit from the program.

Your comments are regarded as **confidential** and will be used solely in the admission process. Your name and school will not be seen during the blind review process of this applicant’s application. Materials are not shared nor discussed with applicants.

Your signature below confirms that you completed Sections: I, IIa, and IIb.

**Please sign below AND the hard copy of your recommendation letter.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recommendation packets that arrive, prior to the application, will be used to initiate the student’s application file with the Immersion Science Program. Thank you for your support of students in STEM!