



# Scholars in Oncologic Molecular Imaging

## Postdoctoral Training Program - APPLICANT EVALUATION FORM

**RETURN TO:** Erika Corrin (Fax 310 206-8975 Phone: 310 825-4903)  
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Westwood Plaza, Rm. 4327, Los Angeles, California 90095-1770 (Mail Code 177010)

**NOTE TO EVALUATOR:** \_\_\_\_\_ (*Applicant*)  
has selected you as a reference to support his/her application for research training in the Scholars in  
Oncologic Molecular Imaging program, at UCLA. Please complete this inquiry and fax/mail it to the  
address given above. Timely receipt of the completed evaluation will be appreciated.

1. Rate the applicant on the items below by a numerical score of 1 to 5, basing such ratings on the  
degree of accomplishment you usually expect of individuals at this level (1-outstanding, 2-above  
average, 3-average, 4-below average, 5-poor, X-insufficient knowledge to rate).

- |   |  |
|---|--|
| <input type="checkbox"/> A. Originality               | <input type="checkbox"/> F. Perseverance in Pursuing Goals       |
| <input type="checkbox"/> B. Accuracy                  | <input type="checkbox"/> G. Ability to Organize Scientific Data  |
| <input type="checkbox"/> C. Research Ability          | <input type="checkbox"/> H. Familiarity with Research Literature |
| <input type="checkbox"/> D. Scientific Background     | <input type="checkbox"/> I. Proficiency in Laboratory Work       |
| <input type="checkbox"/> E. Ability to Exchange Ideas | <input type="checkbox"/> J. Ability to Write Journal Articles    |

2. Expand on the points above and describe qualifications and traits you consider of special  
significance in judging this applicant's fitness for a research career. (*Please feel free to attach an additional  
sheet if necessary.*)

3. Indicate dates during which you were associated with this applicant: \_\_\_\_\_

Capacity at that time (teacher, advisor, etc.): \_\_\_\_\_

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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*Signature of Respondent*

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*Date*