

Stephenson Cancer Center Cancer Undergraduate Research Experience Summer Program

**Application
Deadline
January 15**

Student's Last Name First Name Middle Name

Your Last Name First Name Title

Please return **THIS FORM** AND a typed **RECOMMENDATION LETTER** on your school's or organization's letterhead and include your contact information in case questions arise. Please submit these items via one of the below options:

- Directly to the applicant so he/she can submit it with his/her application
- Scan and e-mail to **SCCEvents-SpecialPrograms@ouhsc.edu**.
- Mail to: Stephenson Cancer Center

Attn: CURE Program
800 N.E. 10th Street, Room 6065
Oklahoma City, OK 73117

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

PLEASE RANK THE STUDENT NAMED ABOVE REGARDING THE AREAS LISTED BELOW:

	Truly Outstanding (Top 1-2%)	Superior (Top 10%)	Good (Top 25%)	Fair (Top 50%)	Below Average (Bottom 50%)	Insufficient Information to Evaluate
Scientific creativity						
Creativity						
Problem-solving skills						
Initiative						
Works independently						
Organizational ability						
Work ethic						
Works well with others						
Motivation						
Self-discipline						
Self-confidence						
Emotional maturity						
Frustration tolerance						
Judgment						
Honesty and integrity						
Concern for others						
Rapport with peers						
Rapport with adults						
Decision-making skills						
Social maturity						

Please submit this form along with a recommendation letter.