



**PERRIGO UNDERGRADUATE FELLOWSHIP PROGRAM
2008 REFERENCE FORM – DUE FEBRUARY 29, 2008**

Name of Applicant: _____

Please rate this applicant in comparison with other students you have known at similar stages in their careers:

	Average	Good	Very Good	Outstanding	Exceptional	No Basis
Knowledge in field						
Motivation/Perseverance						
Independence						
Written/Oral Expression						
Overall Impression						

Please comment on the applicant's strengths and limitations for undertaking an independent summer research project at the University of Michigan. (Attach additional sheets if necessary.)

Your name: _____ Email: _____

Title: _____ Institution: _____

Signature: _____ Date: _____

Please return by mail or fax to:
Halima Cherif
Perrigo Summer Fellows
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Ann Arbor, MI 48109-2216
Fax: 734-763-6492