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| 2018 UC Berkeley – HBCU Program | | | | | | | | | | | | | | |
| Letter of Recommendation Form | | | | | | | | | | | | | | |
| SECTION I (to be completed by the applicant) | | | | | | | | | | | | | | |
| **Name of Applicant:** | | | ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Please check one of the following regarding a student’s rights conferred by the Family Education Rights and Privacy Act of 1974:  \_\_\_\_ I voluntarily waive all such rights to review this letter of recommendation.  \_\_\_\_ I DO NOT waive all such rights to review this letter of recommendation.  Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| SECTION II (to be completed by Recommender) | | | | | | | | | | | | | | |
| Name: | |  | | | | | Email: Address: | |  | | | | | |
| Title/Position: | |  | | | | | Phone: Number: | |  | | | | | |
| School/Organization: | |  | | | | | How long have you known the applicant? | | | | | | | |
| How do you know the applicant? | | | | |  | | | | | | | | |  |
| Please carefully assess the applicant in the following areas. In making your assessment, please compare the applicant to other individuals you have known who have similar levels of education. | | | | | | | | | | | | | | |
|  | | | | Excellent | | Good | | Fair | | Poor | | | No Basis for Assessment | |
| Intellectual ability | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| Motivation | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| Ability to overcome challenges | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| Ability to communicate | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| Leadership | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| Maturity | | | | ❑ | | ❑ | | ❑ | | ❑ | | | ❑ | |
| In a letter of recommendation, please provide any comments that might assist us in making a decision concerning the applicant’s suitability for a summer research experience for undergraduates. Please pay particular attention to the applicant’s (1) intellectual curiosity; (2) readiness to undertake research; (3) demonstration of initiative; (4) overall strengths and weaknesses; and (5) aspirations. How will the applicant benefit from this program? Are there opportunities at the applicant’s home institution to continue research at his/her home institution during the academic year? | | | | | | | | | | | | | | |
| **Overall Assessment**  ❑ Highly recommend ❑ Recommend with confidence ❑ Recommend with reservation ❑ Do not recommend | | | | | | | | | | | | | | |
| Signature: |  | | | | | |  | | Date: | |  |  | | |

**Please email, mail or fax this form and your letter of recommendation to:**ATTN: Dr. Kedrick Perry, UC-HBCU Program Manager

University of California

562 Sutardja Dai Hall

Berkeley, CA 94720-1764

Fax: (510) 666-2022 or Email: kbperry@berkeley.edu  
***Include “UCB-HBCU Letter of Recommendation” on the Subject Line of emails and faxes.***