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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.***