2020 TRANSFER–TO-EXCELLENCE 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:

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?

Overall Assessment

❑ Highly recommend ❑ Recommend with confidence ❑ Recommend with reservation ❑ Do not recommend

Signature:

Date:

Once your student has submitted a draft application, Submitable will send you a link where you can upload this document. Please submit this form in addition to your letter of recommendation to the Submitable portal. **You will only be able to submit one document, so please combine these prior to submission.**