

Letter of Recommendation Form

SECTION I (to be completed by the applicant)

Name of Applicant: First MI Last
 School: Department: Position:

SECTION II (to be completed by Recommender*)

* One Recommender must be either the Department Chair or Dean of the Applicant.

Name: Title/Position:
 Email Address: School:
 Phone Number:

What is your relationship with the applicant?
 How long have you known 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 experience and education.

	Excellent	Good	Fair	Poor	No Basis for Assessment
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - RECOMMENDATION

Please provide any comments that you feel might assist us in making a decision concerning the applicant's suitability for

a summer research fellowship at UC Berkeley. To learn about the program; visit e3s-center.org/UCB-RETSITE.htm.

Please pay particular attention to (1) the applicant's teaching style; (2) ways in which the applicant has taken initiative or been innovative; (3) a general assessment of the strengths and weaknesses of the candidate; (4) how you think the applicant will benefit from this program; (5) the applicant's potential for leadership in Science, Engineering & Math teaching.

Overall Assessment

Highly Recommend Recommend with confidence Recommend with reservation Do not recommend

Signature: Date:

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