Integrated and Interdisciplinary Undergraduate Research Program (i²URP)
Letter of Recommendation Form

Instructions for the applicant: Print this form and complete the top section only. Give your completed form to the faculty member you have asked to write a letter of recommendation for you. The recommender should complete the bottom section and email scanned copies of this completed form with a signed letter to i2URP@college.ucla.edu or in person to 2121 LSB.

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____

Major: _____   Minor: _____

UID: _____   Email Address: _____

Faculty Research Mentor's Name: _____

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation for 1 year if you are not selected to participate and indefinitely if you become a program participant.

I hereby waive my right of access to this information.

Applicant's Signature: _____   Date: _____

THIS SECTION TO BE COMPLETED BY THE FACULTY RESEARCH MENTOR:

Faculty's Name : _____

Title: _____

Phone Number: _____   Email Address: _____

Department: _____

Office Address: _____

*Using a **5-point** scale (1 – Poor, 3 – Average, 5 – Exceptional), please rate the above applicant with regard to*:

Academic Performance: _____   Character: _____

Intellectual Potential: _____   Maturity: _____

Creativity and Originality: _____   Motivation for Graduate Study: _____

Letter of Recommendation:

Please attach a letter of support for your applicant. In your letter, indicate how long you have known the applicant & in what capacity. Please write candidly about the applicant's qualifications for this program and about their potential for research and academic success. In describing the applicant, address attributes such as motivation, intellect, maturity, strengths, and weaknesses. 2 pages max.

Submission Instructions:

Recommendation materials must be submitted by the Faculty Research Mentor. Both the letter and this signed form should be sent electronically to i2URP@college.ucla.edu or delivered to 2121 LSB. Your recommendation materials must be received by **12pm/Noon on Thursday, October 17, 2019**. Incomplete applications will not be reviewed and will be removed from consideration.

Faculty's Signature: _____   Date: _____