**URC-Sciences Summer Program**

**Letter of Recommendation**

**Applicant:** Complete this section only. Type or print legibly all information requested. Then forward this form to the faculty member you have asked to recommend you. The recommender can return the completed form directly to urcscisummer@college.ucla.edu.

Applicant’s Name: 

 (*First, Middle, Last)*

Recommender’s Name: 

Department: 

E-mail Address: 

Phone Number: 

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 if you become a program participant.

*I hereby waive my right of access to this information.*

Applicant’s Signature: 

Date: 

**Recommender:** Please type or print legibly. Return this form and your evaluation by email to urcscisummer@college.ucla.edu.

1. How long and in what capacity have you known this applicant?

 

2. Please rate this applicant, using a 10-point scale:

 Poor (1-3) Fair (4-5) Good (6-7) Excellent (8-9) Outstanding (10) Not able to judge (N/A)

 Academic Performance: \_\_\_\_\_\_\_\_ Creativity and Originality: \_\_\_\_ \_\_\_\_\_\_\_\_

 Intellectual Potential: \_\_\_\_\_\_\_\_ Motivation for Graduate Study**\***: \_\_\_\_\_ \_\_

 **\*** Versus aspiration to attend professional (e.g., medical) school

3. On a separate page, please write candidly about the student’s qualifications and potential for research as well as academic success. In describing such attributes as motivation, intellect, and maturity, discuss both strong and weak points.

Printed Name: 

Recommender’s Signature: 

Date: 

Title: 

Institution Name: 

Phone Number: 

*URC- Sciences Summer Program: Undergraduate Research Center - Sciences, 2121 Life Science Building, Los Angeles, CA 90095-1606*