

UC LEADS Program Letter of Recommendation

Applicant:

Complete the top section only. Type or print legibly all information requested. Then give this form and a stamped, self-addressed envelope to the faculty member you have asked to recommend you. The recommender can return the completed form to you in a *sealed* envelope for inclusion with other application materials or may send the letter under separate cover.

Applicant's Name _____

first, middle, last

Major _____

Recommender's Name _____ Department _____

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 to the student in a *sealed* envelope or mail to the address listed below.

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

2. Using a 10-point scale, please rate this applicant:

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.

Recommender's Signature _____ Date _____

Printed Name _____ Title _____

Institution Name _____ Phone Number _____