

Faculty Recommendation Form

Summer Research Opportunity Program
Horace H. Rackham School of Graduate Studies
University of Michigan

Instructions for the Applicant

Complete the left column of this form. Please type or print legibly. Give this form and a stamped, addressed envelope to the person whom you have asked to recommend you. The recommender should send the completed form to the following address:

Summer Research Opportunity Program
122 Rackham Building
915 E. Washington St.
Ann Arbor, MI 48109-1070

Attention U–M students only: Please have your faculty mentor indicate, in your letter of recommendation, his/her willingness to work with you over the summer.

Applicant's Name

Recommender'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 not waive your right, you may have access to this form as an SROP participant.

____ I hereby waive my right of access to this recommendation.

Signature

Date

Instructions for the Recommender Please type or print legibly.

I. How long and in what capacity have you known the applicant?

II. Comparing the applicant with students you have known to enter graduate programs, please rate the applicant on a ten-point scale:

1-4 = poor

5-7 = fair

8-9 = good

10 = excellent

Please do not feel compelled to respond to items addressing areas where your knowledge of the student is limited.

____ Maturity and reliability

____ Mathematical Skills

____ Ability to get along with others

____ Self-motivation

____ Research ability

____ Creativity and originality

____ Writing Skills

____ Potential as a graduate student

____ Analytical Skills

III. On a separate piece of paper, please write a statement about the applicant. Write candidly about the student's qualification and potential for research work as well as his/her promise for academic success. Please discuss the student's strong and weak points when assessing his/her attributes. Recommendations must be postmarked by the last day of February of the participating year.

Signature

Date

Title

Department