

i²URP

Letter of Recommendation

Applicant: Complete this section only. Please type or print legibly in black ink. Give this form to the faculty member you have asked to write a letter of recommendation for you. The recommender should email electronic scanned copies of the completed form and signed letter to hhurp@lifesci.ucla.edu.

Applicant's Name (*First/Middle/Last*) _____

Major _____ Department _____

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 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 RECOMMENDER:

Your Name (please print legibly) _____ Title _____

Phone Number _____ Email address: _____

Department _____ Institution Name _____

Institution Address _____

Using a 5 point scale (1-poor, 3-average, 5-exceptional), please rate this applicant with regard to

Academic Performance _____

Character _____

Intellectual Potential _____

Maturity _____

Creativity and Originality _____

Motivation for Graduate Study _____

Please attach a letter of support for the student named above to this form. Both the letter and this signed form should be sent electronically to hhurp@lifesci.ucla.edu. For an application to be considered, all application materials must be submitted by October 17, 2016.

IN YOUR LETTER:

Please indicate how long you have known the applicant and in what capacity. Additionally, please write candidly about the student's qualifications for this scholarship, and about his/her potential for research and academic success. In describing the student, address such attributes as motivation, intellect and maturity; please discuss both strengths and weaknesses. (Please submit the letter and signed LOR form to hhurp@lifesci.ucla.edu)

Recommender's Signature _____ Date _____