

Letter of Recommendation



APPLICANT:

Complete the section below and submit this form to a faculty member who knows your academic qualifications. The recommender can return the completed form to you in a sealed and signed envelope for submission with the rest of your application materials or the recommender may send it directly to us by **March 18** to: Center for Inclusive Education Stony Brook University, 2401 Computer Science Building, Stony Brook, NY 11794-4422.

Applicant's Name: _____
Last, First Middle

School Name: _____ Student ID #: _____

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing below. Otherwise, you will have access to this recommendation if you become a program participant.

Signature/Waiver: _____ Date: _____

RECOMMENDER

The above applicant is applying for a position in the REU Nanotechnology summer program. Selected students must show interest and great promise in pursuing a doctoral degree and an academic career. This program offers an outstanding opportunity for participants to work closely with faculty mentors on research projects during a 10 week residential experience. They will also benefit from skill building courses and workshops designed to enhance their competitiveness as graduate school applicants and their success in graduate study.

Please complete Sections A, B, C, and D of this recommendation form.

A. Recommender's Name: _____ Title: _____

University: _____ Dept: _____

Address: _____

Phone

Number: _____ Email Address: _____

Recommender's Signature: _____ Date: _____

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

C. Please rate the applicant using the scale below.

	Excellent	Good	Fair	Poor	No Basis for Judgment
Academic performance					
Intellectual ability					
Ability to express him/herself					
Potential for conducting research					
Work ethic and responsibility					
Maturation and self-confidence					
Motivation for graduate study					

D. On a separate sheet, state your overall recommendation for this student, providing an assessment of his/her character, qualifications, and potential for success in research and graduate study. Please include in your statement details about his/her strengths and weaknesses based on your knowledge of his/her work and abilities.

This form and your letter may be returned to the applicant in a signed and sealed envelope or returned directly to the Center for Inclusive Education at the following address by the deadline given above:

Center for Inclusive Education
2401 Computer Science Building
Stony Brook University
Stony Brook, NY 11794-3387

Contact us with questions or concerns at:
631-632-1387 office
631-632-1837 fax
CIE_GraduateSchool@stonybrook.edu