



Research Opportunities for Undergraduates Recommendation Form

Please return to applicant for the February 15, 2008 Deadline

Applicant Section (to be completed by applicant). Please type or print legibly the requested information. Give a copy of this form to the faculty member who is providing the recommendation.

Applicant Name _____
Last First Middle initial

Under the 1974 Family Education Rights and Privacy Act, students may waive their right to inspect this recommendation. Please sign the statement which follows if you wish to waive your right of access for this recommendation.

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

Signature _____ Date _____

Recommendation Section (to be completed by faculty member). Please type or print legibly.

Name _____
Last First Middle initial

Rank/Department/institution _____

Please indicate length of time and capacity through which you have known the applicant. Write candidly about the applicant's qualifications and potential to contribute to and benefit from an undergraduate research experience, as well as his/her intellect, maturity and motivation for graduate or professional study. Discuss areas in which the applicant needs to improve as well as his/her strengths.

(Attach your letter to this form.)

Signature _____ Telephone () _____

Fax _____ E-mail _____

Please place this form and letter in a sealed envelope bearing your signature.
Give the envelope to the applicant for submission with his/her application materials or mail them to the address below. All application materials are due in the programs' office by February 15, 2008.

Please mail this form and recommendation letter to:

Wendy Tschapl
School of Physics & Astronomy
University of Minnesota
116 Church Street S.E.
Minneapolis, MN 55455