

Carnegie Mellon
DEPARTMENT OF BIOLOGICAL SCIENCES

SUMMER UNDERGRADUATE RESEARCH PROGRAM

Request for Letter of Recommendation

Please type or print clearly. Recommendation letter and form are due by February 27, 2009.

Return form to:

Summer Undergraduate Reserach Program
Department of Biological Sciences
Carnegie Mellon University
4400 Fifth Avenue
Pittsburgh, PA 15213

Applicant's Name: _____

This form should be presented to the recommender only after the following statement has been carefully reviewed by the applicant.

Family Educational Rights and Privacy Act (FERPA) (Buckley Amendment)

Under the provisions of this act, you have the right, if you enroll at Carnegie Mellon, to review your educational records. The act further provides that you may waive your right to see recommendations for admissions. It is the department's policy to evaluate letters of recommendation without regard to whether you waive this right.

- I waive my right of access to this letter of recommendation.
- I DO NOT waive my right of access to this letter of recommendation.

Applicant's Signature: _____

Date: _____

To the recommender: Please use the following questions to assess the applicant.

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

2. Please rate the applicant in comparison with others whom you have known at similar stages in their career.

	Highest 5% Exceptional	Next 10% Outstanding	Next 15% Very Good	Next 20% Good	Next 50% Fair	Unable to Judge
Academic Performance						
Intellectual Potential						
Motivation and Perserverance						
Speaking and Writing Skills						
Ability to Conduct Research						

3. Please attach a letter with the applicant's full name to comment specifically on the applicant's strengths and limitations for biological research.

Recommender: _____

Institution: _____

Recommender's Signature: _____

Date: _____