

SURG/SURF Faculty Recommendation Form

Due: Wednesday, October 26, 2016 email to: jweidenh@andrew.cmu.edu

Name of Faculty Member _				
College	Department			_
Title				_
Email Address				
Name of Student Applicant	(s)			_
How long have you known	this student and in	what cont	text?	
Have you reviewed the stud	dent's proposal?	Yes	No	
Please evaluate the nature opinion, to successfully und this research or whether th contributions the student w	lertake the project ey have previously	. Please in worked o	ndicate whether a student n this or other projects. Sp	is just starting

Please indicate how often you will meet with the student. If your student is applying for a SURF (Summer Undergraduate Research Fellowship), will you be present in Pittsburgh? If you are away at times, who will supervise?

