

Summer Undergraduate Research Fellowship (SURF)

Letter of Recommendation Form

Applicant: Complete this section only. Type or print legibly all information requested. Then give this form to the faculty member you have asked to recommend you. The recommender may send the form and their letter via e-mail to ugrad@chem.ucla.edu

Applicant's Name: _____
first, middle, last

E-mail Address: _____ Phone Number: _____

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 if you become a program participant.

I hereby waive my right of access to this information.

Applicant's Signature: _____ Date: _____

Recommender: Please type or print legibly. Return this form with your recommendation letter to ugrad@chem.ucla.edu.

1. Using the 10-point scale below, please rate this applicant:

Poor (1-3) Fair (4-5) Good (6-7) Excellent (8-9) Outstanding (10) Not Able to judge (N/A)

Academic Performance: _____ Creativity & Originality: _____

Intellectual Potential: _____ Summer Research: _____

Recommender's Signature: _____ Date: _____

Recommender's Printed Name: _____