

# UROP Summer Fellowship - Letter of Recommendation Form

Name of undergraduate: \_\_\_\_\_

Name of faculty member: \_\_\_\_\_

Will you be serving as the student’s faculty mentor on this project?      Yes      No

If you will be serving as the faculty mentor, please select your classification:

Tenure Track Faculty      Career Non-tenure Track Faculty with an FTE of .50 or above

**I. Please rate the applicant on the qualities listed below:**

	Upper				Lower	No Basis
	1-2%	5%	10%	25%	50%	
Intellectual Ability						
Academic Preparation						
Independence of Thought						
Judgment and Maturity						
Industry and Motivation						
Effectiveness of Oral Communication						
Effectiveness of Written Communication						
Indicate the comparison group upon which your ratings are based:						

II. **Written statement:** On a separate sheet, please describe the candidate’s qualifications and promise as an undergraduate researcher. Of particular interest is your assessment of the applicant’s intellectual ability and originality of mind; motivation and capacity for independent study; and likelihood of benefitting from an opportunity to engage in research under the guidance of a faculty mentor.