

# Letter of Recommendation

For Admission to the NSF REU Program  
of The Department of Microbiology  
The University of Georgia

## TO BE COMPLETED BY THE APPLICANT

Applicant's name: \_\_\_\_\_  
Last, Family or Surname                      First                      Middle

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters or reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the referee will be advised of your choice.

\_\_\_\_\_ Confidential file. I grant permission for this letter of recommendation to be held confidential by The University of Georgia.

\_\_\_\_\_ Open file. I retain the choice of having letters of reference available to me.

\_\_\_\_\_  
Signature of Applicant

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## TO BE COMPLETED BY REFEREE

You may wish to make additional comments by letter. If so, please attach your letter to this form so that the department may identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act. Please note that while the applicant may have waived his/her right to access under the Family Educational Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the Georgia Open Records Act. Please mail this recommendation directly to the Microbiology Department as noted on the second page.

### 1. Knowledge of Applicant:

Approximately how long have you known this applicant? \_\_\_\_\_

How well do you feel you know the applicant? Casually \_\_\_\_\_ Well \_\_\_\_\_ Very Well \_\_\_\_\_

What was the nature of your contact(s) with the applicant?

Teacher \_\_\_\_\_ Research Advisor \_\_\_\_\_ Major Advisor \_\_\_\_\_ Employer \_\_\_\_\_

Other (specify):  
\_\_\_\_\_

**2. Evaluation:**

|  | Top<br>5% | Top<br>10% | Top<br>20% | Upper<br>50% | Unable<br>To Rate |
|--|-----------|------------|------------|--------------|-------------------|
| Knowledge in subject of proposed study |           |            |            |              |                   |
| Ability to grasp new concepts          |           |            |            |              |                   |
| Originality, intellectual creativity   |           |            |            |              |                   |
| Mathematical and logical thought       |           |            |            |              |                   |
| Written expression                     |           |            |            |              |                   |
| Oral expression                        |           |            |            |              |                   |
| Laboratory Skills (if applicable)      |           |            |            |              |                   |
| Perseverance toward goals              |           |            |            |              |                   |
| Potential as a teacher (if applicable) |           |            |            |              |                   |
| Potential in research (if applicable)  |           |            |            |              |                   |

**3. Recommendation:** Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation:

Recommend strongly
  Recommend with reservation  
 Recommend
  Cannot recommend

**4.** Please add any comments which you feel will assist in evaluating the applicant's potential to be admitted to this program.

Name of Referee (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**PLEASE MAIL THIS FORM DIRECTLY TO:**  
**THE NSF REU PROGRAM – DEPARTMENT OF MICROBIOLOGY**  
**THE UNIVERSITY OF GEORGIA**  
**527 BIOLOGICAL SCIENCES**  
**ATHENS, GA 30602-2605**