

## Letter of Recommendation Form

Name of student applicant: \_\_\_\_\_

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

**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:**

Please describe the candidate's qualifications for this program. Of particular interest is your assessment of the applicant's intellectual ability and originality of mind; ability to complete the requirements of the internship and fellowship program.

\*Under the Family Educational Rights and Privacy Act of 1974 and according to the University of Oregon Student Record Policy, registered students are given the right to inspect their records, including letters of recommendation and teacher recommendations. If the student wants to waive their right of access to this recommendation, they may do so by submitting a waiver. If the Undergraduate Research Opportunity Program does not receive a waiver, the faculty letter of recommendation will be considered non-confidential.