

Virginia Commonwealth University

Department of Chemistry Box 842006 Richmond, VA 23284-2006

Reference for Summer REU Program "Practices and Perspectives"

SECTION I (To be completed by the applicant)

Name of Applicant: _____
Last First M.I.

SECTION II (To be completed by Recommender)

Name of Recommender: _____ Title: _____

How long, and in what capacity, have you known the applicant?

Please carefully assess the applicant in the following areas. In making your assessment, please compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Fair	Poor	No Basis for Assessment
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - RECOMMENDATION

Please provide any comments that you feel might assist us in making a decision concerning the applicant's suitability for a summer undergraduate research program. Please pay particular attention to (1) The motivation and commitment of the student to a career in chemistry or chemical engineering; (2) class standing compared to other students in your department; (3) a general assessment of the strengths and weaknesses of the candidate; (4) applicants ability to adapt to supervision, and to work in a team setting.

(please continue on back if required)

Overall Assessment: Highly Recommend Recommend with confidence Recommend with reservation Do not recommend

Signature _____ Date _____