

**Letter of Recommendation Form**

**SECTION I (to be completed by the applicant)**

Name of Applicant: First  MI  Last   
 School:  Department:  Position:

**SECTION II (to be completed by Recommender\*)**

\* One Recommender must be either the Department Chair or Dean of the Applicant.

Name:  Title/Position:   
 Email Address:  School:   
 Phone Number:

What is your relationship with the applicant?

How long 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.

	Excellent	Good	Fair	Poor	No Basis for Assessment
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Effectiveness	<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 research fellowship at UC Berkeley. To learn about the program; visit [e3s-center.org/UCB-RETSITE.htm](http://e3s-center.org/UCB-RETSITE.htm). Please pay particular attention to (1) the applicant's teaching style; (2) ways in which the applicant has taken initiative or been innovative; (3) a general assessment of the strengths and weaknesses of the candidate; (4) how you think the applicant will benefit from this program; (5) the applicant's potential for leadership in Science, Engineering & Math teaching.

(Please continue on an additional page, if needed.)

**Overall Assessment**

Highly Recommend  Recommend with confidence  Recommend with reservation  Do not recommend

Signature:  Date:

**Please email, mail or fax this form and your letter of recommendation to:**  
 E<sup>3</sup>S Education & Outreach Programs, ATTN: RET Program Manager  
 University of California, 552 Sutardja Dai Hall, Berkeley, CA 94720-1764  
 Fax: (510) 666-2026 or Email: [info@e3s-center.org](mailto:info@e3s-center.org)  
**Include "RET Letter of Recommendation" on the Subject Line of emails and faxes.**