

University of Colorado at Boulder Summer Multicultural Access to Research Training (SMART) Program

Recommendation Form

THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ Recommender's Name: _____

Waiver (optional): In accordance with the Family Education and Rights and Privacy Act of 1974, you may waive the right to review this recommendation by signing below. If you do not waive the right, you will have access to this recommendation should you become a SMART program participant.

I hereby waive my right of access to this letter of recommendation:

Applicant's Signature Date

THIS SECTION TO BE COMPLETED BY RECOMMENDER

The applicant named above is applying for admission into the University of Colorado's Summer Multicultural Access to Research Training (SMART) program.

Recommender's Name: _____ Title: _____

Address: _____

Telephone Number: _____

Email Address: _____

1. Please rate the applicant in comparison with other students in the same area with similar experience:

	Average or below Average	Good Top 40%	Excellent Top 25%	Outstanding Top 10%	Unable to Observe
Overall academic performance					
Intellectual potential					
Analytical ability					
Creativity and originality					
Independence and initiative					
Oral communication skills					
Written communication skills					
Motivation for graduate school					
Maturity for graduate school					

2. On a separate sheet, please comment on the:

- Applicant's academic performance
- Applicant's potential for success in an intensive research internship program and in graduate school
- Applicant's maturity and motivation for graduate school

Must be received via mail or e-mail by February 15 to:

SMART Program
University of Colorado
UCB 347
Boulder, CO 80309-0347
smart@colorado.edu

Recommender's Signature Date