HOWARD HUGHES UNDERGRADUATE RESEARCH PROGRAM

Letter of Recommendation

<u>Applicant</u> : Complete this section only. Please type or print legibly in black ink. Give this form to the faculty member you have asked to write a letter of recommendation for you. The recommender should email electronic scanned copies of the completed form and signed letter to hhurp@lifesci.ucla.edu .			
Applicant's Name (First/Middle/L	ast)		
Major	Department		
Recommender's Name			
In accordance with the Family Edurecommendation by signing the starecommendation for 1 year if you	atement below. Should you ded	cide not to waive the right, you w	vill have access to the
I hereby waive my right of access Applicant's Signature	to this information.	Date	
THIS SECTION TO BE COMP Your Name (please print legibly)			
Phone Number	Email address:		
Department	Institution Name		_
Institution Address			
Using a 5 point scale (1-poor, 3-av	verage, 5-exceptional), please ra	ate this applicant with regard to	
Academic Performance Intellectual Potential Creativity and Originality	Maturity	Graduate Study	
Please attach a letter of support for sent electronically to hhurp@lifeso submitted by 12:00PM on Mond	<u>ci.ucla.edu.</u> For an applicatio		
IN YOUR LETTER: Please indicate how long you have the student's qualifications for this describing the student, address suc weaknesses. (Please submit the le	s scholarship, and about his/her th attributes as motivation, intelligence in the scholarship.	potential for research and acade lect and maturity; please discuss	mic success. In
Recommender's Signature		Date	