RECOMMENDATION FORM
COLLABORATIVE REU NSU AND ECSU

TO THE APPLICANT: Complete this part of the form.

Name _____________________________________________________________________
Last     First    Middle
Permanent Address _________________________________________________________
City       State       Zip code

Career Goal (circle)  MD     MD/Ph.D.     Ph.D.     Other_______
Check one of the following statements:

     ____ I hereby WAIVE my right of access to this recommendation.
     ____ I do NOT waive my right of access to this recommendation.

APPLICANT SHOULD NOT WRITE BELOW THIS SPACE

Name of Recommender_______________________________________________________
Title: ___________________________________________________________________

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<th>Best Top 10%</th>
<th>Excellent Highest 15%</th>
<th>Above Average Next 20%</th>
<th>Average 20%</th>
<th>Poor Lowest 45%</th>
<th>Not applicable (not able to judge)</th>
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<td>GENERAL ACADEMIC STANDING (overall rating)</td>
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Signature of Recommender _______________________________ Date _________________
Email___________________________ Phone ____________________
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COLLABORATIVE REU NSU AND ECSU

Student’s Name: ________________________________

I have known this student for ___________. I interacted with the student in the following
capacity (circle or check all that apply):
- Teacher
- Academic Advisor
- Research Mentor

Other comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

From what I know, I recommend the applicant:
- Highly Recommend
- Recommend
- Recommend with reservation
- Do not recommend

Signature of Recommender _____________________________ Date ________________
Email _____________________________ Phone _____________________________