Letter of Recommendation

To the applicant

Applicant Name: ____________________________________________________________
First              Middle               Last

I, the above named applicant, waive _____ / do not waive _____ any right of access I may have, as provided by law, to this recommendation.

Signature of applicant: _________________________________ Date: __________________

To the recommender

Please evaluate the applicant for his/her qualification for admission to an NSF-sponsored Research Experiences for Undergraduates program that is to be held at the University of Texas at Dallas from May 18 to July 26, 2018.

1. How long have you known the applicant?

2. In what capacity have you known the applicant?
   □ as a student
   □ as a person working under your supervision
   □ other (please specify: _____________________________)

3. How well do you know the applicant?
   □ very well
   □ moderately well
   □ very little

4. How do you rate the applicant among the undergraduates at your institution?
   □ Top 10%
   □ Top 10% ~ 25%
   □ Top 25% ~ 50%
   □ Other
5. How would you rank the applicant in terms of the following criteria?

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Truly Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Inadequate opportunity to observe</th>
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<td>Intellectual ability</td>
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<td>Technical background</td>
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<td>Written expression</td>
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<td>Oral expression</td>
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<td>Ability to work alone &amp; to be self-directed</td>
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<td>Ability to work with others</td>
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<td>Emotional maturity</td>
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<td>Interpersonal skills</td>
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<td>Leadership</td>
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6. Please add any comments which will assist in making a decision regarding admission to this Research Experiences for Undergraduates program. Your impressions of the applicant’s potential to do research, his or her character, quality of previous work, and promise of productive scholarship are especially appreciated.

Name: ________________________________ Title: ________________________________
Address ____________________________________________________________________
Phone: ________________________________ E-mail: ______________________________
Signature: _____________________________ Date: ________________________________
You may return this form and your recommendation letter to the applicant in an envelope with your signature across the seal or send it directly to the following address.

Professor Eric Wong
ATTN: REU Summer Program
Department of Computer Science
University of Texas at Dallas
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Richardson, Texas 75080