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.

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?

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<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  
MS EC 31  
800 W. Campbell Road  
Richardson, Texas 75080