



Department of Molecular and Cellular Biochemistry, University of Kentucky

Recommendation Form

I. Applicant

Name (last, first, and middle initial): _____

II. Recommender

Name and title: _____

Department and institution: _____

Phone number and email: _____

How long, and in what capacity, have you known the applicant?

III. Recommendation

Please carefully assess the applicant in the following areas. In making your assessment, please compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior (top 5%)	Excellent (top 15%)	Very good (top 30%)	Good (top 50%)	Fair	No basis for assessment
Intellectual ability						
Motivation						
Teamwork						
Initiative						
Curiosity						
Self-discipline						
Oral communication skills						
Written communication						
Reliability						
Maturity						
Potential for research						

On your institution's letterhead, please provide any comments you feel might assist us in making a decision concerning the applicant's suitability for a summer undergraduate research program.

Overall assessment:

Highly recommend Recommend Recommend with reservation Do not recommend

Signature _____ Date ____/____/____

IV. Send Recommendation to:

Professor Trevor Creamer
NSF REU Summer Program in the Biochemical Sciences
Department of Molecular and Cellular Biochemistry
University of Kentucky
741 South Limestone Street
Lexington KY 40536-0509
Fax: 859-257-2283 Email: Trevor.Creamer@uky.edu

Thank you for providing this recommendation. We do appreciate the time and effort required.
If you have any questions, please contact Trevor Creamer at 859-323-6037 or Trevor.Creamer@uky.edu.