EUV Center REU Program

APPLICANT

Applicant's Name:__________________________________________

Recommender's Name:________________________________________

Waiver (optional): In accordance with the Family Education and Rights and Privacy Act of 1974, you may waive the right to review this recommendation by signing below. If you do not waive the right, you will have access to this recommendation should you become an EUV REU program participant.

I hereby waive my right of access to this letter of recommendation:

__________________________________________________________
Applicant's Signature Date

RECOMMENDER PART I

The applicant named above is applying for admission to the REU Program of the Center for Extreme Ultraviolet Science and Technology.

Please rate the applicant in comparison with other students in the same area with similar experience.

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<tr>
<th></th>
<th>Average or below Average</th>
<th>Good Top 40%</th>
<th>Excellent Top 25%</th>
<th>Outstanding Top 10%</th>
<th>Unable to Observe</th>
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<tbody>
<tr>
<td>Overall academic performance</td>
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<td>Intellectual potential</td>
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<td>Analytical ability</td>
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<td>Creativity and originality</td>
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<td>Independence and initiative</td>
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<td>Oral communication skills</td>
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<td>Written communication skills</td>
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<td>Motivation for graduate school</td>
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<td>Maturity for graduate school</td>
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</table>
On a separate sheet, please comment on:

- the applicant's academic performance
- the applicant's potential for success in an intensive research internship program and in graduate school
- the applicant's maturity and motivation for graduate school

Please send this form and your signed letter to the following address by the 3rd Friday in March:

Sheila Davis  
Colorado State University  
1320 Campus Delivery  
Fort Collins, CO 80523

Recommender's Name:  

Title:  

Address:  

Telephone Number:  

Email Address:  

Recommender's Signature    Date