

RECOMMENDATION FORM
Research Experience for Undergraduates (REU) Program
University of Delaware – Disaster Research Center
Summer 2009

Directions for the Applicant:

The applicant should provide a self addressed envelope to the recommender together with this form. The applicant should mail the two sealed letters of recommendation directly to:

REU PROGRAM
Disaster Research Center
166 Graham Hall
University of Delaware
Newark, DE 19716

Part A	To Be Completed By The Applicant			
Name (print)	Last	First	Middle Initial	
<p>I agree that the recommendation that I am requesting shall be held in confidence by officials of the University of Delaware, and I hereby waive any rights I may have to examine it:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Signature of Applicant			Date	
Address of Student:	Street	City	State	Zip
Phone Number			Email address	

Part B	To Be Completed By The Recommender
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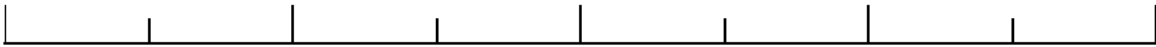
How long and in what capacity have you known the applicant?

We would appreciate your assessment of the applicant's scholarship and professional promise. Include an assessment of the applicant's strengths and weaknesses. Also specify why this applicant is particularly well qualified for the REU Program and how he/she will benefit from the same. If additional space is needed, please feel free to use a separate sheet(s). If you prefer, you may write the entire statement on your own stationery.

Part C	To Be Completed By The Recommender – Summary Evaluation
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Please indicate the applicant's promise in comparison with other students of similar age and experience	Below Average	Average	Above Average	Unusual	Outstanding	Truly Exceptional
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	Top 5%
Research aptitude						
Intellectual potential						
Ability to work with others						
Communication skills: Oral						
Communication skills: Written						
Ability to analyze a problem and formulate a solution						
Motivation for proposed program of study						
Potential for success in graduate school						
Potential for leadership						

Please indicate the strength of your overall endorsement by placing an "X" along the scale



Not recommended	Recommended with some reservations	Recommended	Highly recommended
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I agree to serve as a mentor for this applicant and will help him/her to complete his research project and paper during the 2009-10 academic year.

Yes **No**

The REU Program staff will contact you during the academic year to answer your questions and help you ensure that the student is making satisfactory progress towards the completion of his/her research paper.

Part D	Mailing Directions to the Recommender
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Please place your recommendation form in an envelope, seal it, and sign your name two times over the seal. Please return the envelope containing your recommendation to the student.

Signature	Please Print Last Name	Date
Position	Institution	
Address		
Telephone Number	Email address	

Thank you for taking your time to assist this student with an application for the DRC-REU 2009 Program.