**Integrated and Interdisciplinary Undergraduate Research Program (i²URP) Letter of Recommendation Form**

**Instructions for the applicant:** Print this form and complete the top section only. Give your completed form to the faculty member you have asked to write a letter of recommendation for you. The recommender should complete the bottom section and email scanned copies of this completed form with a signed letter to hhurp@lifesci.ucla.edu.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT:**

Applicant Name (First/Middle initial/Last): ______________________

Major: ___________________________________ Department: ________________

UID: __________________________ Email Address: ______________________

Recommender’s Name: __________________________________________________

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation for 1 year if you are not selected to participate and indefinitely if you become a program participant.

I hereby waive my right of access to this information.

Applicant’s Signature: __________________________________ Date: ____________

**THIS SECTION TO BE COMPLETED BY THE RECOMMENDER:**

Recommender’s Name (First/Middle Initial/Last): __________________

Title: ______________________________________________________

Phone Number: ___________________ Email Address: __________________

Department: __________________________ Institution: __________________

Institution Address: __________________________

Using a 5-point scale (1 – Poor, 3 – Average, 5 – Exceptional), please rate the above applicant with regard to:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
</table>
| Academic Performance             | _______
| Character                         | _______
| Intellectual Potential            | _______
| Maturity                          | _______
| Creativity and Originality       | _______
| Motivation for Graduate Study    | _______

Please attach a letter of support for the applicant. Both the letter and this signed form should be sent electronically to hhurp@lifesci.ucla.edu. For an application to be considered, all application materials must be received by Friday, October 26, 2018. Incomplete applications will not be reviewed and will be removed from consideration.

**In your letter:**

Please indicate how long you have known the applicant and in what capacity. Additionally, please write candidly about the student’s qualifications for this scholarship, and about their potential for research and academic success. In describing the student, address attributes such as motivation, intellect, and maturity. Please discuss both strengths and weaknesses. Please submit this signed form and a signed letter of recommendation to hhurp@lifesci.ucla.edu.

Recommender’s Signature: __________________________ Date: ____________

Rev. 9-19-18