

**School of Physics and Astronomy  
Research Experience for Undergraduates Recommendation Form**

**APPLICATION DEADLINE: JANUARY 30, 2009**

**Applicant Section**

Complete the section below, then give this form to the faculty member who is providing the recommendation.

Your Name \_\_\_\_\_  
Last First MI

**Faculty Recommendation Section**

Please indicate the length of time and in what capacity you know the applicant. Write candidly about your views of the applicant's qualifications and potential to contribute to and benefit from an undergraduate research experience, as well as his/her intellect, maturity and motivation for graduate or professional study. Discuss the applicant's strengths, as well as areas in which s/he may need improvement.

Your Name \_\_\_\_\_  
Last First MI

Signature \_\_\_\_\_

\_\_\_\_\_  
Rank Department Institution

\_\_\_\_\_  
Telephone Email

**Submission Procedure**

**Faculty:**

Place this form and your letter of recommendation in a sealed envelope and either 1) give the envelope to the applicant for forwarding, or 2) mail it directly to the address shown below.

**Applicant:**

If the faculty member has provided this form and letter of recommendation to you, include them with your submission of your application materials to:

Ms. Jody Kaplan  
University of Minnesota  
School of Physics and Astronomy  
260 Tate Lab of Physics  
116 Church Street, S.E.  
Minneapolis, Minnesota 55455