

School of Science Accelerated BS/PhD Program

STUDENT RECOMMENDATION FORM

Mail completed recommendation to:
School of Science BS/PhD Program
Rensselaer Polytechnic Institute
School of Science, 1C05 Science Center
110 8th Street
Troy, NY 12180-3590

To be filled in by applicant:

_____ Name	_____ Areas of Research Interest
_____ Rensselaer Identification Number	_____ Email Address
_____ Campus Address	_____ Campus Telephone

Confidentiality waiver: After due consideration, I do do not waive my right to review the following evaluation.

_____ Signature of Student	_____ Date
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To be filled in by evaluator:

The student named above has applied for admission into the seven-year accelerated BS/PhD Program in the School of Science. Your recommendation will be used in understanding the student's qualifications. Your evaluation will be very carefully considered by the Admissions Committee as part of the student's application. The information will be treated as confidential if the student has checked the confidentiality waiver above.

Thank you for telling us about your experiences with this student. The following areas are particularly important to the Committee: academic performance, motivation, maturity, emotional stability, group interaction skills, integrity, reliability, communication, and perseverance, as well as major strengths or weaknesses. Please use the following page or a separate sheet for your specific comments and evaluation.

1. How well do you know the applicant? _____

2. In what context do you know the applicant? _____

3. I would rate this candidate's suitability for the Accelerated BS/PhD Program as:

Exceptional Very Good Good Acceptable Not acceptable

_____	_____	_____	_____	_____
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Top 5% Top 15% Top 30% Top 50% (Bottom 50%)

4. Please use this space or attach a separate sheet for your comments and evaluation.

Name of Evaluator (please print or type)

Title

Institution

Email Address

Signature

Date