



SUMMER RESEARCH APPRENTICE PROGRAM (SRAP)

June 12th- July 21st, 2022

Recommendation Form

(Recommender strongly encouraged to use this form)

TO BE COMPLETED BY APPLICANT: APPLICANT'S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL STATEMENT.
(Optional): I hereby freely waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant's Name: _____

Applicant's Original Signature: _____

Date: _____

DEADLINE: POST MARKED OR RECEIVED BY **March 1st, 2022, NO LATER THAN 5:00 PM MST. TO BE COMPLETED BY TEACHER/FACULTY RECOMMENDER AND SENT DIRECTLY TO: Lisa Marie Gutierrez via email: labeyta1@uwyo.edu, OR mail: Lisa Marie Gutierrez Attn: SRAP Department 3622, 1000 E. University Ave., Laramie, WY 82071.**

Because of federal legislation giving participants access to educational records, Wyoming NSF EPSCoR cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed above.

APPLICANT'S NAME: _____

In addition to this form, please provide a formal letter of recommendation. Please give your opinion about the applicant's proficiency and promise as a scholar in the life or physical sciences, mathematics, or engineering. What do you perceive to be his/her strengths and weaknesses? Please indicate the extent of your acquaintance with the applicant. Comment on the participant's ability to work with others and gain from experience. Thank you for your prompt cooperation.

How would you rate this applicant in comparison with other participants in the same field? **Recommenders are strongly encouraged to complete this form along with a letter.**

CHARACTERISTIC	In the Top 5%	Upper 20% but Not in Top 5%	Above Average but Not in Top 20%	Average	Below Average	Other Comments
Academic Aptitude and Potential for Research						
Present Academic Performance						
Motivation for Research						
Communication Skills						
Responsibility						
Perseverance/Maturity						

Print or Type Teacher/Counselor Name

Original Signature

Institution

Address

Date

Telephone Number

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