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.**

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<th>CHARACTERISTIC</th>
<th>In the Top 5%</th>
<th>Upper 20% but Not in Top 5%</th>
<th>Above Average but Not in Top 20%</th>
<th>Average</th>
<th>Below Average</th>
<th>Other Comments</th>
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<td>Academic Aptitude and Potential for Research</td>
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__________________________    ____________________________
Print or Type Teacher/Counselor Name Original Signature

__________________________    ____________________________
Institution Address

__________________________    ____________________________
Date Telephone Number

This material is based upon work supported by the **National Science Foundation**. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.