

Recommendation Form - 2010 REU Summer Program
Department of Chemistry and Biochemistry - University of Arkansas

Recommendation form is available online <http://chemistry.uark.edu/1197.htm>

Recommendation for:

Student's First Name: _____ Student's Last Name: _____

- | | |
|--|------------------------------------|
| 1. I have served as the student's: | 2. I rate the student |
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Instructor in one chemistry course | <input type="checkbox"/> Very good |
| <input type="checkbox"/> Instructor in several chemistry courses | <input type="checkbox"/> Good |
| <input type="checkbox"/> Research Advisor | <input type="checkbox"/> Fair |

Does this student plan to attend medical school? Yes No Unknown

Additional Comments:

Recommender's Information:

First Name: _____ Last Name: _____

Email address: _____ Phone number: () _____

Address: _____

Signature: _____ Date: _____

Please return form to:

REU 2010, Department of Chemistry and Biochemistry, University of Arkansas, Fayetteville, AR 72701 or email to reuinfo@uark.edu