Faculty Members’ Letter of Recommendation Form

Instructions to Applicant
Complete Part A, then give this form to each of your two reputable faculty references. Remind each recommender to complete Part B. Each recommender should send this Form and their Letter of Recommendation to the Renewable Energy REU Program Office via Email (.pdf format only), FAX, Federal Express, UPS, or US Mail using the contact information below:

REU Administrator
2015 REMRSEC REU Summer Program
Colorado School of Mines
920 15th Street, Hill Hall 311
Golden, CO 80401
Email: remrsec@mines.edu
FAX: (303) 384-2433
Phone: (303) 273-3756

Part A: Applicant Information
Applicant’s Name: _____________________________________________________________________________

First Middle Last

Under the Family Education Rights and Privacy Act of 1974, you may waive the right to review this recommendation by signing below. If you do not waive this right, you will have access to this recommendation should you become a participant in the REMRSEC REU Program at the Colorado School of Mines.

I waive my right to review this Letter of Recommendation.

Applicant’s Signature: ___________________________________________ Date: ____________________

Part B: Recommender Information
The applicant named above is applying to the REMRSEC REU Program at the Colorado School of Mines. In your Letter of Recommendation, please comment on the applicant’s academic performance, scholarly potential, maturity, motivation, and ability to work independently in a summer research program. Specific examples of interactions are much stronger than generalities.

Recommender’s Name: _________________________________________________________________________

First Middle Last

Title: ______________________________________________________________________________________

Organization: ______________________________________________________________________________

Current Address: ____________________________________________________________

Street ____________________________________________ City State Zip Code

Telephone Number: __ _______________________________________________________________________

Email Address: _ __________________________________________________________________________

For how long and in what capacity have you known the applicant?

____________________________________________________________________________________________

____________________________________________________________________________________________

Recommender’s Signature: ___________________________________________ Date: ____________________

Faculty Members’ Letters of Recommendation forms must be received by 5:00 pm MST January 31, 2015.