Donald B. Miller
Student Research Fund Award
Faculty Recommendation

Manchester University

To Be Completed by Student

Name of Student Applicant: _____

Waiver of Access to Recommendation

Note: Waivers of access to letters of recommendation are *optional* and *voluntary*. Individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Name of Recommender: _____

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the faculty endorsement (or copies) completed by the recommender named above.

_____   _____

Student Signature   **Date**

To Be Completed by MU Faculty Member

Please evaluate the student on the following traits:

	Outstanding	Very Good	Average	Mediocre	Poor	Not Observed
Dependability						
Creativity						
Emotional maturity						
Attention to detail						
Resourcefulness						
Communication						
Initiative						
Ability to work independently						
Ability to work with others						
Lab skills						
Class performance						
Research potential						
Professional skills						
Dedication						
Overall quality of work						

(continued on back)

Additional Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

In summary, I am familiar with this student's proposal for a Research Experience Award and my endorsement is (circle one)

Highly recommend   *Recommend*   *Recommend with Reservations*   *Do Not Recommend*

_____   _____

Printed Name of Faculty Member   Contact Number

_____   _____

Signature of Faculty Member   Date