



# Natural & Health Science Research Experience Award Faculty Endorsement

### ***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:**

	<b>Outstanding</b>	<b>Very Good</b>	<b>Average</b>	<b>Mediocre</b>	<b>Poor</b>	<b>N/A</b>
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