

School of Science Accelerated BS/PhD Program

STUDENT RECOMMENDATION FORM

Completed Recommendation Form Due by Friday, October 13, 2023

Emailed to: feldmj3@rpi.edu

School of Science BS/PhD Program
Rensselaer Polytechnic Institute
School of Science, 1C05 Science
110 8th Street, Troy, NY 12180

To be filled in by applicant:

Name

Areas of Research Interest

Rensselaer Identification Number (RIN)

Email Address

Campus Address

Campus Telephone

Confidentiality waiver: After consideration, I DO: DO NOT: (check one) waive my right to review the following evaluation.

Signature of Student

Date

To be filled in by evaluator: Your Name: _____

The student named above has applied for admission into the seven-year accelerated BS/PhD Program in the School of Science. Your recommendation will be used in understanding the student's qualifications. Your evaluation will be very carefully considered by the Admissions Committee as part of the student's application. The information will be treated as confidential if the student has checked the confidentiality waiver above.

Thank you for telling us about your experiences with this student. The following areas are particularly important to the Committee: academic performance, motivation, maturity, emotional stability, group interaction skills, integrity, reliability, communication, and perseverance, as well as major strengths or weaknesses. Please use the back of this sheet or a separate sheet for your specific comments and evaluation.

1. **How well do you know the applicant?**

2. **In what context do you know the applicant?**

3. **I would rate this candidate's suitability for the Accelerated BS/PhD Program as (choose one):**

Exceptional	Very Good	Good	Acceptable	Not Acceptable
Top 5%	Top 15%	Top 30%	Top 50%	Bottom 50%

Reminder, both recommendation letter and completed student recommendation form are Due Friday, October 13, 2023