

School of Science Accelerated BS/PhD Program

STUDENT RECOMMENDATION FORM

Recommendation Due: **Monday, October 29th, 2018**

Mail completed recommendation to:
School of Science BS/PhD Program
Rensselaer Polytechnic Institute
School of Science, 1C05 Science Center
110 8th Street, Troy, NY 12180-3590
Or scan and email to: fallee2@rpi.edu

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** (circle one) waive my right to review the following evaluation.

Signature of Student

Date

To be filled in by evaluator:

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:

Exceptional Very Good Good Acceptable Not Acceptable

Top 5% Top 15% Top 30% Top 50% (Bottom 50%)