

2009 CENTER FOR EMBEDDED NETWORKED SENSING
SUMMER @ CENS
UNDERGRADUATE RESEARCH INTERNSHIP EXPERIENCE

Letter of Recommendation Form

Applicant

Complete this section only. Type or print legibly all information requested. Then give this form and a self-addressed envelope to your recommender. Request your recommender send in this completed form and their letter to the address below OR create a .pdf of this completed form and their letter and email it to Wesley Uehara at wuehara@cens.ucla.edu. **All materials must be received by 5:00 PM PST, February 16, 2009.**

You must complete the top portion of this form before giving it to your letter writer.

Mail to: Center for Embedded Networked Sensing
Attn: STC Research Experience
UCLA
420 Westwood Plaza
3563 Boelter Hall
Box 951596
Los Angeles, CA 90095-1596

Applicant's name: _____

Applicant's Institution: _____ Major: _____

Recommender's Name: _____

Recommender's Institution: _____ Department: _____

In accordance with the Family Education Rights and Privacy Act of 1974 you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you become a program participant.

I, _____ (print name) hereby waive my right of access to this information.

Applicant's Signature: _____ Date: _____

Recommender

Your comments on this **form** as well as your **letter of recommendation** are of great importance in consideration of this applicant for our internship programs. Thank you for taking the time to provide us some feedback on this applicant.

Please type or print legibly. Send in this completed form and your letter of recommendation to the address above OR create a .pdf of this completed form and your letter and email it to Wesley Uehara at wuehara@cens.ucla.edu. **All materials must be received by 5:00 PM PST, February 16, 2009.**

1. How long and in what capacity have you known this applicant? _____

2. Please rate the applicant on the following characteristics using a 10 point scale, with 1 being poor and 10 being outstanding. Please indicate N/A if you are unable to judge the applicant on a particular characteristic.

Academic Performance: _____

Research Potential: _____

Intellectual Potential: _____

Motivation for Graduate Study*: _____

*Versus aspiration to attend professional (e.g. medical) school

3. On a separate page, please write candidly about the student's qualifications and potential for research as well as academic success. Please describe the applicant's attributes such as motivation, intellect and maturity.

Recommender's Signature: _____ Date: _____

Printed Name: _____ Phone: (____) _____ - _____

Title: _____ Institution Name: _____