

2011 CENTER FOR EMBEDDED NETWORKED SENSING
SUMMER @ CENS
UNDERGRADUATE SCHOLARS PROGRAM

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: **1) this completed form and 2) a letter of recommendation** to the address below OR create a .pdf of the requested materials and email it to Wes Uehara at wuehara@cens.ucla.edu. **Materials must be received by 5:00 PM PST, February 18, 2011.**

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

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 program. Your feedback plays a major role in our consideration of this applicant for our program. 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 the requested materials and email it to Wesley Uehara at wuehara@cens.ucla.edu. **All materials must be received by 5:00 PM PST, February 18, 2011.**

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

- 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
- In your letter of recommendation**, 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: _____

- Please complete a separate letter of recommendation -

