Department of Physics and Astronomy
The University of Oklahoma
Undergraduate Summer Research Program

TO BE FILLED OUT BY STUDENT:

Name : _____
(Please Print) Last Name First Name

I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature:_____ Date:_____

TO THE REFEREE:

Please attach your **written evaluation** of this student's potential for participation in a Summer Research Program at the University of Oklahoma, Department of Physics and Astronomy. The student will be involved in research activities under the supervision of a faculty member and will also participate with other students in group activities and colloquia. Previous research experience is not required.

This form and attached letter should be returned by **Feb. 15,** to:

Summer Undergraduate Research Program
The Department of Physics and Astronomy
The University of Oklahoma
Norman, OK 73019-2061

or sent by FAX to (405) 325-7557, Attention – Debbie Barnhill, or e-mail reuphy@physics.ou.edu

In addition to written comments evaluating the student's strengths and weaknesses, please rate the applicant in the section below. We are very grateful for your time and input. For more information call (405) 325-3961 ext. 36100, (800) 522-0772 ext. 36101, or e-mail reuphy@physics.ou.edu.

	Top 1-2%	Top 10%	Top 25%	Top 50%	Lower Half	No Basis to Judge
Intellectual Ability						
Imagination and Creativity						
Ability to Work with Others						
Enthusiasm						
Oral Expression						
Written Expression						
Emotional Maturity						
Perseverance						

Name: (Print) _____ **Date:**_____
Position: _____ **School:** _____
Signature: _____
Phone: (_____)_____ **e-mail:** _____

(Please attach letter of recommendation.)