

**Tulane University / LS-LAMP Program
Academic Year Research Program**

LETTER OF RECOMMENDATION

APPLICANT: Complete this section only. Type or legibly print all information requested. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials.

APPLICANT'S NAME: _____

UNIVERSITY: _____ **MAJOR:** _____

RECOMMENDER'S NAME: _____ **DEPARTMENT:** _____

RECOMMENDER: Please type or print legibly.

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

2. Using a 10-point scale, please rate this applicant:

1-4	5-7	8-9	10	N/A
Poor	Fair	Good	Excellent	Not Able to Judge

Academic Performance _____ Creativity & Originality _____ Intellectual Potential: _____
Motivation for Graduate Study _____

3. We would appreciate a statement from you about the applicant. Please write candidly about the student's qualification and potential for research as well as for academic success. In describing such attributes as motivation, intellect and maturity, please discuss both strong and weak points. *All information will be considered confidential.*

(Please use the reverse side of this form for additional space)