



Physics REU Recommendation Form

Student information:

Last name: _____ First name: _____ Middle _____

Recommender information:

Name: _____

Institution: _____ Position: _____

Address: _____

Telephone: _____ Email: _____

Please complete this reference form and attach a brief letter of recommendation describing your evaluation of the applicant's capabilities, strengths and weaknesses. Specifically address the student's ability to successfully conduct independent research and to benefit from this program. Also indicate how long you have known the applicant.

Send this form and the letter of recommendation to: physreu@uark.edu

Reeta Vyas, PhD

Professor of Physics

226 Physics Building

825 West Dickson Street

University of Arkansas

Fayetteville, AR 72701

Tel: 479.575.6569

Email: ryas@uark.edu

REU Webpage: <http://www.uark.edu/ua/physreu/PhysResearchList17.html>

Please sign and return form to: physreu@uark.edu

I have served as the student's:

- Academic advisor
- Instructor in 1 physics course
- Instructor in several physics courses
- Research advisor
- Employer

Does this student plan to attend:

- Graduate school
- Medical school
- Pharmacy school
- Unknown

Intellectual capacity

- Excellent
- Good

- Average
- Fair
- Poor

Language / Presentation

- Excellent
- Good
- Average
- Fair
- Poor

Industry and application

- Excellent
- Good
- Average
- Fair
- Poor

Professional promise

- Excellent
- Good

- Average
- Fair
- Poor

Originality

- Excellent
- Good
- Average
- Fair
- Poor

Technical aptitude

- Excellent
- Good
- Average
- Fair
- Poor

Leadership

- Excellent
- Good
- Average
- Fair
- Poor

Mathematical ability

- Excellent
- Good
- Average
- Fair
- Poor

Signature: _____ Date: _____