UAMS Summer Undergraduate Research Program to Increase Diversity in Research
Letter of Recommendation Form

Please complete and submit to Dr. Kristen Sterba by February 15
4301 W. Markham Slot 601B
Little Rock, AR 72205
kmsterba@uams.edu

You may also submit an e-mail to Dr. Sterba containing the requested information in lieu of this form. Please indicate the student’s name in the Subject Line and text of the e-mail.

Student Name __________________________________________________________________________
First Name   Middle Name    Last Name

1. How long have you known the student and in what capacity?_____________________________________

2. How would you rate the student when compared with other students you have encountered in the past?
   Top 5%   Top 10%   Top 25%   Top 50%   Bottom 50%
   □        □        □        □        □

3. Please provide your assessment of the student’s ability to participate in a summer research program including their desire to pursue graduate or professional study.

________________________________________________________________________________________

Name of respondent___________________________________________ Date_____________________________

Signature_______________________________________________

Title and Department________________________________________

Institution________________________________________________________________________________

Address_________________________________________________________________________________

Email________________________________   Phone_____________________________