



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 _____

Signature _____ Date _____

Title and Department _____

Institution _____

Address _____

Email _____ Phone _____