Beckman Scholars Program

Letter of Support Form

**Applicant: Complete this section only.** Please type or print legibly in black ink. Give this form to each of the two faculty members you have asked to write a letter of support for you. The recommender should email electronic scanned copies of the completed form and signed letter to ugresearch@sandiego.edu.

Applicant’s Name (First/Middle/Last) ____________________________________________

Major _______________________________ Department ________________________________

Recommender’s Name __________________________________________________________

In accordance with the Family Education Rights and Privacy Act of 1974 you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation for 1 year if you are not selected to participate and indefinitely if you become a program participant.

**I hereby waive my right of access to this information.**
Applicant’s Signature __________________________________ Date __________

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**THIS SECTION TO BE COMPLETED BY THE RECOMMENDER:**

Your Name (please print legibly) ____________________________ Title __________________________

Phone Number __________________________ Email address: __________________________

Department ____________________________

Using a 5 point scale (1-poor, 3-average, 5-exceptional), please rate this applicant with regard to

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<th>Academic Performance</th>
<th>Character</th>
<th>Intellectual Potential</th>
<th>Maturity</th>
<th>Creativity</th>
<th>Motivation for Research</th>
<th>Originality</th>
<th>Motivation for Graduate School</th>
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<tbody>
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Please email a letter of support with this form to ugresearch@sandiego.edu. Your letter must be received by the OUR before the deadline for the student’s Beckman application to be considered. Please visit the webpage for more information (http://www.sandiego.edu/ugresearch/students/beckman-scholars.php).

**IN YOUR LETTER:**

Indicate how long you have known the applicant and in what capacity. Please write candidly about the student’s qualifications for the research project and for graduate studies and address such attributes as motivation, intellect, creativity and maturity. Additionally, be sure to discuss the impact this award may have on the student’s academic and professional career.

Recommender’s Signature __________________________________ Date __________