

# Office of Undergraduate Group Research Travel Grant

## Letter of Support Form

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**Applicant:** Complete this section only. Please type or print legibly in black ink. Give this form to the faculty member 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](mailto:ugresearch@sandiego.edu).

*Note: While one person should be designated to complete and submit the application and materials, each member of the group requesting funds must be listed and must sign this one form. The faculty mentor is only required to write one letter of support for the entire group.*

Recommender's Name \_\_\_\_\_

Applicant's Name (First/Middle/Last) \_\_\_\_\_

Major \_\_\_\_\_ Department \_\_\_\_\_

Applicant's Name (First/Middle/Last) \_\_\_\_\_

Major \_\_\_\_\_ Department \_\_\_\_\_

Applicant's Name (First/Middle/Last) \_\_\_\_\_

Major \_\_\_\_\_ Department \_\_\_\_\_

Applicant's Name (First/Middle/Last) \_\_\_\_\_

Major \_\_\_\_\_ Department \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 group with regard to

Cohesiveness \_\_\_\_\_

Intellectual Potential \_\_\_\_\_

Creativity and Originality \_\_\_\_\_

**Please attach a letter of support for the student applicants. Only one letter of support is required for the group. Both the letter and this signed form should be sent electronically to [ugresearch@sandiego.edu](mailto:ugresearch@sandiego.edu). For an application to be considered, all application materials must be received by the OUR two weeks before the intended travel date.**

### IN YOUR LETTER:

Please indicate how long you have known the applicants and in what capacity. Additionally, please write candidly about the students' qualifications for this travel award. In describing the students, address such attributes as motivation, intellect and maturity; please discuss both strengths and weaknesses. Also, please discuss how the students will benefit from presenting at this conference.

(Please submit the letter and signed LOS form to [ugresearch@sandiego.edu](mailto:ugresearch@sandiego.edu))

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_