



STARS & ENGAGE  
Recommendation Form



**This section is to be completed by the recommender. Please enter the information for the student you are recommending below.**

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Student Name:

Student Field of Study:

This section is to be completed by a recommender who is familiar with your academic abilities, and returned directly to the STARS Program by *August 30, 2024*.

**Recommender:** What is your frank appraisal of the applicant’s promise as a research student and commitment to the proposed STEM program of study? Please use the summary evaluation table below for your response. Please use an (X) under your selection.

**Summary Evaluation:**

Compared to a representative group of students in the same field with the same amount of experience and training, how does this applicant rate in the following areas?	Below Average	Average	Above Average	Good	Outstanding	Unable to Judge
	Lowest 40%	Middle 20%	Next 15%	Next Higher 15%	Highest 10%	
Academic aptitude and potential for research work:						
Potential for effective faculty mentor-student relationship:						
Motivation and commitment for the proposed program of study and research project:						

\_\_\_\_\_  
Recommender Signature

\_\_\_\_\_  
Recommender Title

\_\_\_\_\_  
Recommender Institution (if applicable)

\_\_\_\_\_  
Recommender Name

\_\_\_\_\_  
Date