

Peter O'Day Fellowship Letter of Recommendation Form

Name of student applicants:

Undergraduate: _____

Graduate: _____

Name of faculty member: _____

I. Please rate the UNDERGRADUATE applicant on the qualities listed below:

	Upper				Lower		No Basis
	1-2%	5%	10%	25%	50%		
Intellectual Ability							
Academic Preparation							
Independence of Thought							
Judgment and Maturity							
Industry and Motivation							
Effectiveness of Oral Communication							
Effectiveness of Written Communication							
Indicate the comparison group upon which your ratings are based:							

II. Written statement:

On a separate sheet, please describe the candidate's qualifications and promise as an undergraduate researcher. Of particular interest is your assessment of the applicant's intellectual ability and originality of mind; ability to complete the methodology required of the project; and motivation and capacity for independent study.

*Under the Family Educational Rights and Privacy Act of 1974 and according to the University of Oregon Student Record Policy, registered students are given the right to inspect their records, including letters of recommendation and teacher recommendations. If the student wants to waive their right of access to this recommendation, they may do so by [submitting a waiver](#). If the Undergraduate Research Opportunity Program does not receive a waiver, the faculty letter of recommendation will be considered non-confidential.