

LETTER OF RECOMMENDATION:

Summer Research Fellowships 2008
TO BE USED ONLY FOR STUDENT APPLICANTS*

Name of applicant _____ Name of teacher _____

Course studying _____ Title/position _____
(and year)

Broad discipline of _____ Institution _____
interest

Sub-discipline _____ Quote online
registration No. **

1. I know the applicant for ___ years as an undergraduate/graduate/postgraduate/others
(specify)

2. I know the applicant quite well fairly well not so well

Summary of evaluation (tick appropriate boxes)

	Outstanding (among top 5%)	High (5–10%)	Medium (10–20%)	Low (<20%)	Not known
a. General aptitude					
b. Breadth of scientific interest					
c. Knowledge of the discipline					
d. Communication/writing skills					

Applicant's strong qualities:

- 1.
- 2.
- 3.

Applicant's weaknesses:

- 1.
- 2.
- 3.

Name & address of teacher (in capital letters)

Date: _____ Signature of the teacher: _____

* This should be filled and signed by the teacher, sealed in an envelope, and sent to the Academy along with the application, or sent separately by the teacher.

** Online registration no. to be obtained from student.