

California State University, Fresno
MBRS-RISE
Graduate Application

Faculty Recommendation / Waiver Form

I, _____, SSN _____ :
(student's name)

(check one):

_____ have waived my right to inspect this recommendation letter.

_____ retain my right of access to this letter of recommendation.

Student's Signature: _____ Date: _____

Note: The MBRS-RISE program (and others) may place a higher weight on evaluations that are not accessible to the person being recommended, believing that the recommender may be more free in expressing their opinions.

To the Recommender:

The above-named student has applied for a research fellowship or assistantship through the MBRS-RISE program at CSU Fresno, and has listed you as a reference. On a separate sheet, please comment on the applicant's potential for success in a research-oriented career in biomedical sciences. The MBRS-RISE Selection Committee would especially appreciate your comments about the applicant in any or all of the following areas:

- Academic preparation / intellectual curiosity
- Potential / motivation for obtaining a Ph.D. degree
- Critical / analytical skills
- Creativity / originality
- Written and oral communication skills
- Willingness to work hard and perseverance to attain goals
- Integrity, professional conduct, promptness, and conscientiousness
- Emotional stability / maturity
- Teamwork, manners, courtesy, tact, poise
- Overall potential for a research career in biomedical sciences

Recommender's Name: _____ Title: _____
Institution: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Please return this Waiver Form with your recommendation letter by April 12, 2009 to:
Tracy Klippert, CSU Fresno, Department of Biology, 2555 E. San Ramon Ave., MS SB-73,
Fresno, CA 93740. Phone: (559) 278-8148. FAX: (559) 278-3963.