FACULTY RECOMMENDATION FORM

To the applicant: Please complete the requested information and give this form to each person providing a recommendation.

Name of applicant: ____________________________________________

Under the Federal Law entitled “The Family Educational Rights and Privacy Act of 1974” students have the right to inspect their records. This includes letters of recommendation. While we consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of a student.

We invite, but do not require you, to sign the following waiver (#1). You may expressly decline to do so (#2).

1. I expressly waive any rights I might have to access to these letters of recommendation under the Family Rights and Privacy Act of 1974, or any other law, regulation, or policy.

Date: _______________ Signature: ________________________________

2. I do not agree to the waiver above.

Date: _______________ Signature: ________________________________

To the recommender:

The applicant has applied for a graduate research fellowship through the NIH RISE MS-to-PhD Program at California State University, Long Beach and identified you as a reference. The goal of RISE MS-to-PhD is to develop the talents of students through MS program training so they can matriculate to competitive PhD programs and successful research careers. Please provide this form and your letter of recommendation, in pdf format, as an attachment through your institutional email account to: RISE.MS2PhD@csulb.edu. If you prefer, print the letter and mail it directly to Dr. Judy Brusslan, Biological Sciences Department, California State University, Long Beach, Long Beach California 90840-9502. The deadline for completed applications is March 15, 2016. In Letter please comment on the candidate's potential for success in completing a PhD program and establishing a research career in the sciences, mathematics, or engineering.

Name ____________________________________________ Title ________________________________

Signature ____________________________________________ Date _________________

Institution ________________________________ E-mail ________________________________