



Confidential Recommendation Form

The Simons Summer Research Program at Stony Brook University aims to identify high school juniors with the highest promise for scientific research. The applicant below has asked you to provide a recommendation.

Applicant _____

Please complete the following.

Recommender's Name _____

Position: _____

Email address: _____ Telephone: _____

School _____

Context in which you know the applicant, including length of time: _____

Are you familiar with the Simons Program? Please explain. _____

Guidelines

On a separate sheet of paper, please describe or elaborate on each of the following:

1. why you feel the student would benefit from spending a summer at Stony Brook University;
2. applicant's strengths and weaknesses (at least one of each) that you feel are most relevant to his or her participation in the Simons Summer Research Program;
3. one or more specific examples that best illustrate the student's engagement with science, interest in research, and/or aptitude for doing scientific work;
4. how you would rank the student's ability to work independently and to collaborate and work with others;
5. any other relevant information that you would like the faculty selection committee to consider regarding the student's application.

Please compare the applicant to the best students you have taught/worked with over the years. We would especially welcome comparisons to past students who have participated in the Simons Program.

SIGNATURE _____

Signature of Teacher

Date

We thank you for your time and assistance in submitting a letter of recommendation for the Simons Research program and appreciate this effort on behalf of your student.