

**LETTER
OF
RECOMMENDATION**

THIS PART TO BE COMPLETED BY APPLICANT
(please print)

APPLICANT NAME _____
last
first
middle

I hereby waive do not waive my right of access to this document .

Signature _____ Date _____

Return to: UCSD Amgen Scholars Program
 Academic Enrichment Programs, 0311
 La Jolla, CA 92093-0311

TO RECOMMENDER:

The applicant named above is applying to the Amgen Scholars Program at the University of California, San Diego. What are your personal impressions of the candidate's intellectual ability, aptitude for research, and graduate school potential? Please comment on his or her quality of previous work, and promise of productive scholarship. Thank you for providing this information. *(Continue on another sheet, if necessary.)*

Please rate this student in overall promise in comparison with other individuals whom you have known at similar stages in their careers.

Below Average	Average	Somewhat Above Average	Good	Unusual	Outstanding	Truly Exceptional	Inadequate Opportunity to Observe
Lowest 40%	Middle 20%	Next 15%	Next Highest 15%	Highest 10%			

INSTRUCTIONS:

Please return this completed form to the address listed above by February 1, 2008. Letters filed without a signed waiver (above) will be presumed to be available for review by applicants under the provisions of the Family Educational Rights and Privacy Act of 1974.

Recommender's Name _____
first
middle
last

Position or Title _____ Dept. and Institution _____

Address _____
street and number
city
state
zip code

Signature _____ Date _____