



Science and Mathematics
Robert Noyce Scholarships

I. To the Applicant: Complete section I. One form should be given to each recommender.

Applicant's Name: _____

EUID: _____ Email address: _____

Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review.

You have the option of (1) signing the following waiver or (2) declining to do so.

1. I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature: _____ Date: _____

2. I do not agree to the waiver above.

Signature: _____ Date: _____

II. To the Recommender: This form is intended solely for your convenience. Before you agree to submit a recommendation, whether on this form or on your own stationary, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the Applicant"

The person named above is applying for admission to a scholarship program funded by the National Science Foundation. You have been selected by the applicant to submit your comments regarding the applicant's qualifications. Your comments will be held completely confidential, if the applicant signed the above statement. Please enclose this form in an envelope and sign your name across the seal. You may return your letter to the applicant or you may send it directly to the Teach North Texas Office:

Teach North Texas
Attn: Jennifer McDonald
1155 Union Circle #305028
Denton, TX 76203-5017
Marquis Hall Room 127
Phone: (940) 565-3890

Thank you for your cooperation and evaluation of the applicant.

III. Evaluation

How long have you known the applicant? _____ years/months

Under what circumstances have you known the applicant? *circle one*

Current student Former student Employee Other _____

Please continue on next page

III. Evaluation (*con't*)

Please check your evaluation by comparing this applicant to other candidates that you have known in a similar capacity.

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation to succeed						
Academic Ability						
Organization						
Ability to meet deadlines						
Integrity						
Ability to work with others						
Dependability						
Writing Skill						
Speaking Skill						

What are the applicant's strengths as a future teacher?

What might affect the applicant's ability to succeed in a secondary school classroom?

For additional comments, please feel free to attach a typed letter.

Please indicate the extent to which you support this candidate for this Scholarship Program by placing a checkmark in the appropriate blank.

- Strongly recommend**
- Recommend**
- Recommend with reservations**
- Do not recommend**

Name (type or print) _____

Title _____

Business/College/University _____

Address _____

Signature _____

Date _____