

UOWGS Parenting Award Recommendation Form

To the applicant: After completing the top section, give this form to your university faculty advisor.

Applicant Name: _____

Under the Federal Family Education Rights and Privacy Act of 1974 registered, students have a right to access this evaluation. Please check only one option below.

- ☐ I will have access to this recommendation.
☐ I will not have access to this recommendation.

Signature: _____ Date: _____

To the faculty advisor: Please provide information about the student named above. Your personal evaluation of the student's academic performance will be helpful to the committee in administering the awards.

Printed Name: _____

Title and Department: _____

Signature: _____ Date: _____

Of the current graduate students in your department, how does this student rate?

- ☐ Top 1% ☐ Top 5% ☐ Top 10% ☐ Top 20% ☐ Top 50% ☐ Below Average

Does this student earn over the normal department stipend? ☐ Yes ☐ No ☐ Uncertain

Please detail your thoughts on why you believe this student would benefit from this funding (the award is \$1,200 for one year). Feel free to add additional comments on an attached page.

Please return the form to the UOWGS mailbox in the Chemistry Department (91 Klamath Hall). If you have any questions, please contact the UOWGS at uowgs@uoregon.edu. **This recommendation is due by 3PM on May 4th 2015**