

UOWGS Travel 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

Is this student likely to benefit professionally from attending a science conference this year? ☐ Very likely ☐ Somewhat likely ☐ Not likely

Can you provide support in the form of matching funds to help this student attend a conference? ☐ Yes ☐ Uncertain ☐ No

Please detail your thoughts on how attending this conference will benefit the student 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**