



Faculty Form

(Please type or print neatly)

Name of Applicant: _____

Recommender's Name: _____

Position/Title: _____

Company/University: _____

Address: _____

Email: _____

Phone Number(s): _____ Fax: _____

Dear Faculty Recommender:

The applicant listed above, is applying to the QRLSS summer research program held at Arizona State University. This is an eight-week intensive program in mathematical biology organized by the Simon A. Levin Mathematical, Computational and Modeling Sciences Center. The objective of QRLSS is to encourage and facilitate access to and successful completion of graduate studies in the mathematical sciences. The training program includes seminars in mathematical biology and the development of a research project.

Please read more about our program on our website: <https://mtbi.asu.edu/>

Your candid assessment of the applicant's mathematical ability and potential would be greatly appreciated. The selection committee is particularly interested in the following:

1. The applicant's performance in your class(es)
2. Your assessment of the applicant's mathematical talent
3. Your assessment of the applicant's potential to earn a graduate degree in mathematics or other sciences
4. Any special circumstances (both personal and academic), behavior traits, and learning challenges that the applicant is currently trying to overcome, has successfully overcome, or has adapted to her/his learning environment (but can still be a struggle from time to time)

In addition, if the applicant is accepted to QRLSS, he/she may have an opportunity to present his/her work at a mathematics or science related conference. Would you authorize the use of your letter of recommendation as part of the student's application to the poster session at any of the mathematics or science related conferences?

_____ Yes, this recommendation may be used as part of the student's application to any mathematics or science related conferences.

_____ No, I do not approve this recommendation being used as part of the student's application to any conferences.

Thank you for your consideration.

Signature: _____ Date: _____

This form and your letter of recommendation must be received by **January 31**.

Please email to qrlss@asu.edu