

2007 SUMMER UNDERGRADUATE APPLIED
MATHEMATICS INSTITUTE
Department of Mathematical Sciences
Carnegie Mellon University
Pittsburgh, PA 15213-3890
Telephone 412-268-2545
Fax: 412-268-6380
Email: summerinst@math.cmu.edu

Please print or type the requested information:

Name of Applicant: _____

The APPLICANT should review the following statement before presenting the form to the recommender.

Family Education Rights and Privacy Act. Under the provisions of this Act, you have the right, if you enroll at Carnegie Mellon, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. If you wish to waive this right, please sign and date the statement below. It is the Department's policy to evaluate all letters of recommendation without regard to the presence or absence of such a waiver.

Waiver

I waive any right of access that I may have to this letter of recommendation.

Signature _____ Date _____

Please print or type the requested information:

Name of Recommender _____

Position _____ Institution _____

Address _____

Telephone No. _____ Email Address _____

To the recommender:

The applicant is applying for an intensive seven-week summer program designed to prepare and encourage participants to continue their study of mathematics beyond their current academic year and into graduate school.

Your candid assessment of the applicant's mathematical ability and potential would be greatly appreciated. The selection committee is interested in the following: 1) how long and in what capacity have you known the applicant, 2) your assessment of the applicant's motivation and dedication, 3) any relevant information concerning the applicant which may not appear on formal records.

Please attach your assessment to this form and mail to the address shown at the top of the form, or you may email your recommendation to

summerinst@math.cmu.edu

Thank you for your assistance.