Application Packet, Page 3 Application Deadline March 1, 2001

2001 SUMMER UNDERGRADUATE APPLIED MATHEMATICS INSTITUTE

Department of Mathematical Sciences Carnegie Mellon University Pittsburgh, PA 15213-3890 Telephone 412-268-2545 Fax: 412-268-6380

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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. _____Date____ Signature_ Please print or type the requested information: Name of Recommender_____ _____Institution_____ Position___ 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. Thank you for your assistance.