



University of Pittsburgh

Department of Chemistry

SUMMER 2004 UNDERGRADUATE RESEARCH ASSISTANTSHIPS

RESEARCH EXPERIENCES for UNDERGRADUATE PROGRAM

May 31 - August 6, 2004

REFERENCE FORM

The student named below asks that you provide a brief reference report in connection with her/his application. We thank you for your time in doing so, and hope that we receive your report by the **deadline for receipt of all materials: March 1, 2004.**

Student's Name _____ (to be filled in by applicant)

Your contact with this student:

Your overall evaluation of this student, in comparison with others at a comparable academic stage at your institution. (Please select only one.)

Outstanding Top 5%	Excellent Top 20%	Good Top 35%	About Average	Below Average
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Notable strengths:

Weaknesses:

Additional Comments (please continue on reverse if necessary, or attach additional sheets):

Signature:	Date:
Your Name:	Title:
Department:	Phone:
Institution:	E-mail:
May we contact you if clarification is needed? _____ Yes _____ No	

Please send to:

Prof. Joseph J. Grabowski
REU Program Director
Department of Chemistry
234 Chevron Science Center
University of Pittsburgh
Pittsburgh, PA 15260
Phone: (412) 624-8632 Fax: (412) 624-8611
E-mail: joeg@pitt.edu

last updated: 19 January 2004



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