REFERENCE INSTRUCTIONS:

The student who has given you this instruction sheet wishes to apply for an appointment to the Summer Research Experience for Undergraduates Program in Physics at Indiana University. It would be appreciated if you would write a letter under your school letterhead indicating:

- the scope of your contact with the student
- the approximate rating of the student in your class or classes
- the academic and experimental abilities of the student
- the initiative and self-motivation demonstrated by the student
- the level of oral communication skills of the student
- the quality of the student's written reports
- the student's potential ability in scientific research
- the student's ability in independent work.

Please include any additional comments that you believe to be useful. It is important that your letter be received by March 1 in order that the student's application can be considered. Please send your letter to: physreu@indiana.edu

Or:

Summer Research Experience for Undergraduates Program
Department of Physics, Swain West 152
Indiana University
Bloomington, Indiana 47405

Student ______________________________________________________

Date   _______________________________________________________

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