

## Reference Form

(Attach the letter of recommendation to this form.)

Applicant:			
Name of Applicant:			
Do you waive your right to see the completed reference report?			
Applicant's Signature:			
Recommender:			
Name of Recommender:			
Title and Department:			
Institution:			
Acquaintance with Applicant:			
How long have you known the applicant:			
I have known the applicant as a:			
Student in Class	<input type="checkbox"/>	Student in Laboratory Section	<input type="checkbox"/>
		Research Assistant	<input type="checkbox"/>
Other (explain):			
Applicant Overall Scientific Potential (mark one):			
Truly Exceptional	Equivalent to the very best you have known. A person who in your opinion is rare, appearing maybe once every few years.		
Outstanding	Comparable to the best student in a current class (Highest 5%).		
Unusual	Next Highest 10%		
Above Average	Not in upper 15%, but definitely in upper 25%		
Average	Probably capable of pursuing a career in science at the graduate level		
Signature: _____		Date: _____	

**Documents must be sent to:**

By Mail:

María Vargas  
IFN Fellowship Program  
PO BOX 23334  
San Juan, PR 00931-3334

In Person:

María Vargas  
Resource Center  
Science and Engineering  
Facundo Bueso Bld. Office # 304  
San Juan, PR  
787-764-8369

OR

Priscilla Hernández  
Resource Center for  
Science and Engineering  
Physics Bldg. Office # 231  
Mayagüez, PR  
787-831-1025

**Application Deadline: Friday, January 13, 2012**