

MUURS Faculty Mentor Recommendation Form 2007-2008

Student Applicant's Name: _____

Mentor Name: _____ Department: _____

Campus Address: _____ E-Mail: _____

Phone: _____

How long and in what capacity have you known the student?

How often did you meet with the student prior to his/her submission of the MUURS application?

How involved were you in helping the student develop his/her project proposal?

____Significantly ____Moderate ____Slightly ____Not at all

In your recommendation letter, please address the following topics:

- Student's outstanding qualities.
- How conducting this project will benefit this student.
- How this project will contribute to the discipline/scholarly body of work/creative output.
- How realistic/feasible is it for this project to be accomplished during the 2-semester internship by an undergraduate?
- How well prepared is the student to accomplish the goals of the project?
- What, if any, challenges will the student encounter and how will you be able to help the student?
- How do you plan to be involved with this student and this project over the next two semesters?

Return this form and letters of recommendation to:

Dr. Linda Blockus, Director
Office of Undergraduate Research
150 Bond Life Sciences Center
University of Missouri-Columbia
Columbia, MO 65211-7310
Fax: 573-884-9395

Letters are due on Wednesday, September 5th.