



A Faculty/instructor letter of recommendation and this cover sheet (in conjunction with the on-line 2017-18 University of Oregon Scholarship Application) is required.

To the applicant: After completing the top section, give this form to the professor or instructor you have asked to recommend you.

Full name of applicant: _____

UO ID Number (if assigned): _____ Date of Birth: _____

Under the Federal Family Educational Rights and Privacy Act of 1974 and the UO Student Record Policy, registered students have the right to inspect their records, including letters of recommendation. If you want to waive your right of access to this evaluation, you may do so by checking the appropriate box below. Check only one box. Failure to waive access will not affect the decision of the scholarship selection committee.

I will have access to this recommendation. I WILL NOT have access to this recommendation.

Applicant signature _____ Date _____

To the faculty member: Please provide information about the student named above. Your personal evaluation of this student's academic performance will be helpful to the University Scholarship Committee in making awards.

Please indicate in which of your classes this student was enrolled.

Table with 5 columns: Course title, Date, Class size, Grade, Class rank. Two rows of blank lines for data entry.

Use check marks (✓) to rate the applicant on the qualities below.

Table with 6 columns: Ability/Characteristic, Exceptional, Good, Average, Poor, Not Observed. Rows include Intellectual potential, Creativity & original thought, Judgment & maturity, Oral communication skills, Written communication skills, Initiative.

IN AN ATTACHED LETTER, please supply information that will be helpful to the University Scholarship Committee. Address the student's performance – both strengths and weaknesses – in your course and the student's ability to perform well academically at the University of Oregon.

Faculty signature _____ Date _____

Name (print or type) _____ Title & department _____

Institution, city, state _____ Number of years teaching _____

Must be received in office by: February 24, 2017.

Please return this form and letter directly to: Office of Student Financial Aid and Scholarships, 1278 University of Oregon, Eugene OR 97403-1278, Email: financialaid@uoregon.edu, Fax: 541-346-1175