JSU COURSE-BASED UNDERGRADUATE RESEARCH EXPERIENCE (CURE) PROGRAM APPLICATION

JSU-CURE Letter of Recommendation (To be completed by faculty member/mentor)

Name of the student	
Name of the Referee	
Position/Title	
Email address	

How long have you known the student?

In what capacity?

Please rate the student relative to other students within this same field of study:

50%)	(top 50%)	(top 25%)	Exceptional (top 10%)	Outstanding (top 5%)	knowledge or unable to judge
		50%)			

Any additional comments regarding the student?

Do you recommend the student for the JSU-CURE Program?

I recommend the student very highly.				
I recommend the student.				
I recommend the student with reservations.				
I cannot recommend the student.				
Date				
(Electronic Signature)				

Recommender: Please email completed letter of recommendation (PDF version) to JSU.CURE@jsums.edu.

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