



## Faculty Letter of Recommendation Form

(Please type or print neatly)

**Name of Applicant:** \_\_\_\_\_

I waive ( ) I do not waive ( ) my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A par 1232g(a)(1). I understand that this form will be used by the Institute solely in its procedures relating to acceptance.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommender's Name:** \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company/University: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

### Dear Faculty Member:

The applicant listed above, is applying to the MTBI summer research program held at Arizona State University. This is an eight-week intensive program in mathematical biology organized by Dr. Carlos Castillo-Chavez and Dr. Yun Kang, Co-Directors of the Simon A. Levin Mathematical, Computational and Modeling Sciences Center. The objective of MTBI is to encourage and facilitate access to and successful completion of graduate studies in the mathematical sciences. The training program includes seminars in mathematical biology and the development of a research project.

Your candid assessment of the applicant's mathematical ability and potential would be greatly appreciated. The selection committee is particularly interested in the following: 1. The applicant's performance in your class(es); 2. Your assessment of the applicant's mathematical talent; 3. Your assessment of the applicant's potential to earn a graduate degree in mathematics or other sciences; 4. Any special circumstances (both personal and academic), behavior traits, and learning challenges that the applicant is currently trying to overcome, has successfully overcome, or has adapted to her/his learning environment (but can still be a struggle from time to time).

In addition, if the applicant is accepted to MTBI, he/she may have an opportunity to present his/her work at a mathematics or science related conference. Would you authorize the use of your letter of recommendation as part of the student's application to the poster session at any of the mathematics or science related conferences?

\_\_\_\_\_ **Yes**, this recommendation may be used as part of the student's application to any mathematics or science related conferences.

\_\_\_\_\_ **No**, I do not approve this recommendation being used as part of the student's application to any conferences.

Thank you for your consideration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*This form and your letter of recommendation must be postmarked by **January 31**.  
Please send by email or mail it to the following address:

**Mathematical and Theoretical Biology Institute (MTBI)**  
**Simon A. Levin Mathematical, Computational and Modeling Sciences Center · Arizona State University**  
**PO Box 873901 · Tempe, Arizona 85287-3901 · (480) 965-2115 · Fax (480) 727-7346**  
**Rebecca.Perlin@asu.edu · <http://mtbi.asu.edu>**