

**APPLICANT RECOMMENDATION FORM : NATIONAL PHOTONICS FELLOWSHIP**

(PLEASE ENSURE THAT YOU PRINT OR PHOTOCOPY BOTH PAGES OF THIS FORM ON THE TWO SIDES OF THE SAME SHEET OF PAPER, NOT ON SEPARATE SHEETS)

Please answer the following questions (no box should be left unfilled in this table as that will disqualify the recommendation) :

<b>Respondent's Name</b>		<b>FOR OFFICE USE ONLY: Handling #</b>	
Title (Prof. / Dr. / Mr. / Ms.)		Applicant Name:	
Designation		Year / Discipline:	
Institution/Employer		Desired Area of Work:	
Email address		Phone number:	
Phone # (with STD code)		Do you know the applicant personally (as a relative / friend etc) ?	No / Yes(specify how)
Respondent's Postal Address:			

**For Respondent Use Only**

Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study to whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant's ability and also check the column "Inadequate Opportunity to Observe."

	Inadequate opportunity to observe	Below average	Average	Good	Superior	Outstanding	On what specific basis do you assign the particular rating given ?
Analytical Ability							
Research Ability							
Ability to master academic work							
Ability in oral expression							
Ability to write							
Motivation							
Initiative							
Emotional stability and maturity							
Self-reliance and independence							
Ability to work with others							
Integrity							
Creative or innovative talent							
Potential for success in chosen area							
OVERALL RATING							
OVERALL RANKING	<input type="checkbox"/> Best student this year <input type="checkbox"/> Best student in ..... Years <input type="checkbox"/> Top .....% of students this year <input type="checkbox"/> Unable to rank						

Against which group are you rating the applicant ? For example, all undergraduate students I have taught in the past four years.	
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How long have you known the applicant ?	..... years and ..... months	In what connection ?	<input type="checkbox"/> As Research Advisor <input type="checkbox"/> As Course Advisor <input type="checkbox"/> As teacher (one course) <input type="checkbox"/> As teacher (several courses) <input type="checkbox"/> As Departmental Head / Chair <input type="checkbox"/> Other .....
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What do you consider the applicant's most outstanding talents or characteristics?
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What are the applicant's chief weaknesses, or areas for growth ?

Please answer the following:

	NO Not Applicable	NO Not recommended	NO Un-enthusiastically	YES Fairly strongly	YES Strongly	YES Enthusiastically, without reservation
1) Would you accept this applicant to your internship program?						
2) If recommended, would you offer financial assistance if available?						
Overall recommendation is:						

Please add by means of attachment any comments that will assist in our making a judgment as to whether the applicant should be accepted to the National Photonics Fellowship

Please type your name, understanding that it is legally equivalent to your signature and constitutes your certification that your responses and assessments are accurate and fair to the best of your knowledge.

Full Address of Respondent (in capitals)	Signature of Respondent
	Date
	Place