



Mellon Mays Undergraduate Fellowship

Spring 2009

University of California, Berkeley

RECOMMENDATION FORM

APPLICANT: Complete the upper section above the solid line. Give this form to the person whom you have asked to recommend you. The recommender should send the completed form and a letter of support directly to Josephine Moreno at **Mellon Mays Undergraduate Fellowship (MMUF) Program, 158 Barrows Hall, MC#2990, Berkeley, CA 94720-2990** or via fax at (510) 643-6762 no later than **AUFW % Ž&\$\$-**.

Applicant's Name (last) _____

(first) _____ **(MI)** _____

Recommender's name (last) _____

(first) _____ **(MI)** _____

Title, Department/College or University _____

In accordance with the Family Education Rights and Privacy Act of 1974, you **may** waive your right to inspect this recommendation by signing the statement below. If you **do not** waive your right and are accepted to the Berkeley MMUF Program, you will have access to your letter of recommendation. You must select one option or the other.

☐ I hereby waive my right of access to this recommendation. ☐ I do not waive my right of access to this recommendation.

Signature of Applicant _____ **Date** _____

TO BE COMPLETED BY RECOMMENDER:

Criteria	Below Average 1–4				Average 5–7			Above Average 8–9		Excellent 10
Academic promise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Motivation and maturity for graduate study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Intellectual potential in graduate Mellon field of study (see website for more details)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Leadership as a mentor to African American, Chicano/Latino, and Native American students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Contribution to diversity in their field/s of study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Background and experience living or working with African American, Chicano/Latino or Native American communities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Demonstrated commitment to understanding the barriers faced by underrepresented minorities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Demonstrated commitment to breaking down stereotypes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Demonstrated commitment to increasing understanding across racial and ethnic groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

In a separate letter of recommendation, please write candidly about the student's commitment to the goals of the MMUF program and intellectual promise. In your letter, highlight the student's potential success in the Berkeley MMUF program by using the criteria above. Please submit this form with your letter directly to the address or fax above no later than **AUFW % Ž&\$\$-**. For more information, please visit www.mellonmays.berkeley.edu.

I hereby state that that the above information is true.

signature of recommender

printed name

date