

RET Site:

# Nanotechnology for Health, Energy & the Environment

## Letter of Recommendation



*Program Dates: May 29 – August 3, 2018 (but  
can be flexible based on school year)*

*Priority Application Deadline: April 2, 2017*

**Full Legal Name:** \_\_\_\_\_  
*Last, First Middle*

**School Name:** \_\_\_\_\_

The teacher named above is applying for the Nanotechnology for Health, Energy & the Environment Research Experience for Teachers at Stony Brook University. Selected teachers will participate in a 9-10-week summer research experience in the nanotechnology laboratories at Stony Brook University, in Stony Brook, where they will work with senior-level scientists and research personnel.

The applicant will submit an application with academic and demographic data, information about his/her teaching duties and an essay describing how a research experience will be used to improve their teaching. Please provide information that is NOT apparent from that material.

We will especially appreciate your estimate of this teacher's promise for creative approaches to teaching science and interaction with students and colleagues. Please mention what opportunities—in your judgment—exist for this teacher to convey his/her enthusiasm for science to his/her students. Your letter will be treated in strictest of confidence.

**How long have you known the applicant?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

**Please rank your estimation of this applicant in these areas:**

	Truly Outstanding (Top 1-2%)	Superior (Top 10%)	Good (Top 25%)	Fair (Top 50%)	Below Average (Bottom 50%)	Insufficient Information to Evaluate
Applied Creativity						
Self-discipline						
Growth potential						
Concern for others						
Emotional stability						
Intellectual interest						
Organizational ability						
Work ethic						
Teaching ability						
Motivation						
Initiative						
Judgment						
Rapport with students						
Rapport with Peers						

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Please provide your candid assessment of this applicant's intellectual and personal qualifications for receiving this appointment. (Use additional space or attach pages as necessary.) Please include in your statement details about his/her strengths and weaknesses based on your knowledge of his/her work and abilities

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
University: \_\_\_\_\_ Dept: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form and your letter may be returned to the applicant in a signed and sealed envelope or returned directly to the Center for Inclusive Education at the following address by the deadline given above:*

Dr. Gary Halada  
Department of Materials Science and Chemical Engineering  
Stony Brook University  
Stony Brook, NY 11794-2275

Contact us with questions or concerns at:  
gary.halada@stonybrook.edu

IMPORTANT: ALL LETTERS OF RECOMMENDATION MUST BE RECEIVED BEFORE APPLICANT WILL BE CONSIDERED FOR THE PROGRAM.