CSM Undergraduate Research Fellowship

**Letter of Recommendation (Confidential)**

Date

Student Mentee Name

Research Mentor Name

*Please provide a brief recommendation attesting the student ability to perform the research activities outlined in the research proposal answering the questions below and upload the document to the application. This document will not be shared with the student, however they will be notified after you upload the Research Proposal and the LOR that they can complete their application.*

1. How long have you known the student and in what capacity? Why do you think the student will be a good candidate for this Fellowship?
2. How will the student benefit from this experience? Please be as specific as possible.
3. If the student is applying for continuation of the Fellowship for an additional semester, please address their performance in your research group during the prior semester.