RECOMMENDATION REQUEST – Southeastern Oklahoma State University

Application for NASA Space Grant Consortium Financial Award

Spring 2009 General Fellowship Application Deadline: Thursday, Feb. 26, 2009

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

(Applicant: complete top section and deliver copies to 3 faculty or staff references)

1) Name of Applicant

2) SOSU Student ID Number (Required; not SSN)

3) University Program to which application is made: NASA OSGC SOSU Undergraduate Fellowships

4) I hereby waive my right of access to the material recorded below (optional, but recommended)

Signature of Applicant ___________________________ Date ___________________________

To the Respondent: The student applicant is applying for a NASA award, which may provide funds for tuition, books, travel, flight costs, or other educational expenses. The NASA OSGC Award Selection Committee would be helped 1) by your checking of the boxes below, for comparative assessment.

I would compare the applicant to other students of the same level as follows:

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<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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<tr>
<td>Intellectual Ability</td>
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<td>Writing Ability</td>
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<td>Speaking Ability</td>
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<td>Maturity</td>
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2) (optional) Please use an attached sheet or the other side of this sheet for your judgment of the candidate’s qualifications and promise, of the candidate’s intellectual ability, motivation and capacity for research or for acquiring professional skills, of the quality of previous work, and of his or her character and personality. You can also e-mail comments to npaiva@se.edu.

Recommended by:

__________________________________________________________________________ hereby recommends this applicant as a recipient for a NASA Space Grant Consortium Financial Award.

__________________________________________________________________________

(College or Department Name of reference) (Signature of reference)

Relation to Student: ___ Professional ___ Personal ___ Mentor ___ Other (______________)

Institutional Representative: ___ Dr. Nancy Paiva, SOSU OSGC ___

Signature: ________________________________________________________________

THIS FORM MUST BE RETURNED DIRECTLY TO THE INSTITUTIONAL REPRESENTATIVE:

Dr. Nancy Paiva, Associate Professor, Office: S216 (or via Ms. Sandy Kirven, S208)
Department of Chemistry, Computer, and Physical Sciences, 1405 N 4th Ave, PMB 4215,
SOSU, Durant, OK 74007-0609 Phone: (580)745-2324 Fax: (580)745-7494 npaiva@se.edu