



**BROOKHAVEN NATIONAL LABORATORY
OFFICE OF EDUCATIONAL PROGRAMS
2010
COMMUNITY SUMMER SCIENCE PROGRAM**

Letter of Recommendation Request

To the Student: Please print your name and fill in your school in the spaces below. Sign and date this form and then submit it to the person who will serve as a recommendation for you.

Student _____ School _____

Dear Colleague:

The student listed above is applying to participate in the Community Summer Science Program at Brookhaven National Laboratory. Please provide your opinion of the student's potential and interest in science, his/her approximate rating in your class, the scope of your contact with the student and any other additional comments that you believe to be appropriate. The best way to serve the interests of the applicant is to provide specific factual and anecdotal information about the student's research papers/projects, activities, interests, etc. of which you have special knowledge. Letters prepared in support of the student's college applications may be submitted.

Letters of recommendation must be received by **Friday, April 16, 2010** to ensure that the student's application will not be rejected as incomplete. Please forward your letter to:

Catherine Osiecki
Community Summer Science Program
Brookhaven National Laboratory
Science Education Center, Bldg. 438
Upton, NY 11973-5000

This is to certify that I wish to request a letter of recommendation to Brookhaven National Laboratory in support of my Community Summer Science Program application.

Student's Signature _____ Date _____