



UNR-CRCD PROGRAM IN COMPUTER VISION
DEPARTMENT OF COMPUTER SCIENCE
2001 SUMMER RESEARCH IN COMPUTER VISION
STUDENT RECOMENDATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT

I agree that the recommendation I am requesting shall be held in confidence, and I hereby waive any rights I may have to examine it.

Name of student: _____ Signature/Date: _____

PART B: TO BE COMPLETED BY THE RECOMMENDER

The student above has applied to participate in the summer research experiences of the UNR-CRCD Program in Computer Vision sponsored by the National Science Foundation. The program is coordinated by the UNR Computer Vision Laboratory (CVL) ([see http://www.cs.unr.edu/~bebis/CRCD for more information](http://www.cs.unr.edu/~bebis/CRCD)). The summer research experiences involve ten or more weeks of research at UNR or one of the collaborating Universities, National Labs, and Industry Laboratories. We would appreciate your evaluation of the above student for participation in our Summer 2001 research program. Please rate this applicant in comparison with other students at his/her stage using the table below. Use additional space to comment on the student's character, integrity, and other attributes pertinent in considering this student for a summer research

	Upper 10%	Upper 25% but not upper 10%	Upper 50% but not upper 25%	Lower 50%	No Basis to judge	Comments
1. Academic Performance						
2. Intellectual Ability						
3. Imagination/Creativity						
4. Oral and Written Expression						
5. Degree of self-motivation						
6. Seriousness about CS						
7. Promise as a Scholar						

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

Other comments:

Name: _____ Signature/Date: _____

Position: _____ Address: _____

Send this form to: Dr. George Bebis, CRCD Program in Computer Vision/ Computer Science, UNR, Reno, NV 89557