

**Robert Noyce Scholarship Letter of Recommendation Form**

The following student is applying for the Robert Noyce Scholarship at the University of Texas at Dallas.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FERPA Release (to be completed by applicant)**

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows students to have access to their educational records. Students have the option to waive their right to inspect letters of recommendation. Please express below whether or not you will waive your right under FERPA to review this letter of recommendation submitted as a part of your Robert Noyce Scholarship application.

\_\_\_\_I choose to waive my right to review this letter of recommendation. I understand that if I waive the

right to review a copy of this recommendation, I will not have the right to inspect it at a later date.

\_\_\_\_I choose to not waive my right to review this letter of recommendation.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommender’s Information (to be completed by recommender)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a letter of recommendation detailing your experiences with this applicant, his/her academic success in major/degree sought, and his/her potential to succeed as a teacher of secondary science or mathematics. Please place this form and your letter in a signed, sealed envelope and return to the student for submission with his/her scholarship application.

***If you have any questions, please contact:***

Mr Bill Gammons

Master Teacher, UTeach Dallas

972-883-6444