



UC Berkeley Student Learning Center
RESEARCH ASSOCIATE PROGRAM APPLICATION
Freshman & Sophomore Series - 2016-2017

FACULTY RECOMMENDATION FORM

Recommender Name: _____

Academic Title: _____ Department: _____

Phone: _____ Email: _____

Instructions: In the space below, please discuss your reason(s) for recommending your candidate for our program. Please email the completed form to Khuyen V. Nguyen, Ph.D., at kvn@berkeley.edu. Thank you for your time!