Dr. Eunice Schuytema Beam WISE Travel Grant – FACULTY RECOMMENDATION FORM

Dear University of Iowa Faculty member - the doctoral student listed below is applying for a travel grant through the Women in Science and Engineering (WISE) program. As part of the application packet, the applicant needs a signed recommendation form from a faculty member who knows her work well enough to comment on the quality, scientific integrity, and importance of the work being presented at the proposed conference. This FACULTY RECOMMENDATION FORM has been sent to you by the student, with the applicant information section of the form completed (see below). As the faculty recommender, please answer the 10 questions on the second page of the form (please add comments as necessary or appropriate), save the document, attach to an email and submit to WISE at: wise@uiowa.edu ATTN Angel. A hardcopy is acceptable if preferred. This form must be received by WISE via email or hardcopy (3326 Seamans Center) on or before the appropriate due date listed below or it will not be accepted.

DUE DATE for the fall funding cycle is Friday, November 11th, 2016!

DUE DATE for the spring funding cycle is Friday, March 3rd, 2017!

If you have any questions, please contact Linda M. Varvel via email at linda-varvel@uiowa.edu or call 335-3511.

Applicant Information (gray areas below to be filled out by applicant before sending request to faculty member).

Full name ___________________________ University ID Number ___________________________

Preferred Email Address ___________________________ Preferred Phone ___________________________

Doctoral Degree-Granting Department: __________________________________________________

Doctoral Degree Anticipated: ☐ Fall ☐ Spring ☐ Summer YEAR: ___________________________

Advisor’s name ___________________________ Advisor’s e-mail ___________________________

Complete Name of Conference ___________________________ Conference Dates ___________________________

Conference Location (city, state, country) ____________________________________________

Title of Oral Presentation ____________________________________________
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Faculty Assessment

1) What is your relationship to the applicant? (mark all that apply)
   - [ ] Academic Advisor
   - [ ] Dissertation Advisor
   - [ ] Dissertation Committee Member
   - [ ] Course(s) Instructor
   - [ ] Mentor
   - [x] Other, please specify: ________________________________

2) Is your primary faculty appointment in the same department as the applicant’s degree-granting department?
   - [ ] Yes
   - [ ] No
   If NO, please identify your primary department: ________________________________

3) Do you know the applicant well enough to provide critical feedback on her academic work?
   - [ ] Yes
   - [ ] No
   Comment: _______________________________________________________________________________________

4) How scientifically robust do you consider the applicant’s work to be?
   - [ ] Scientifically Outstanding
   - [ ] Very Robust
   - [ ] Somewhat Robust
   - [ ] Marginally Robust

5) How significant is the focus of the applicant’s work/presentation to her field of study?
   - [ ] Exceptionally Significant
   - [ ] Very Significant
   - [ ] Somewhat Significant
   - [ ] Marginally Significant

6) How important is attendance and presentation at this conference for the applicant’s professional growth?
   - [ ] Exceptionally Important
   - [ ] Very Important
   - [ ] Somewhat Important
   - [ ] Marginally Important

7) Is the proposed conference an appropriate venue for the applicant’s work being presented?
   - [ ] Exceptionally Appropriate
   - [ ] Very Appropriate
   - [ ] Somewhat Appropriate
   - [ ] Marginally Appropriate

8) Will you be attending the meeting where this applicant is presenting?
   - [ ] Yes
   - [ ] No

9) How likely are you to contribute funds to support this applicant’s travel/attendance at this conference?
   - [ ] Funds already committed
   - [ ] Very likely
   - [ ] Somewhat likely
   - [ ] Not likely

10) Based on your experience with other students at the same academic stage as this applicant, do you consider her:
    - [ ] In the top 5%
    - [ ] In the top 10%
    - [ ] In the top 25%
    - [ ] In the top 50%
    - [ ] In the bottom 50%

Additional Comments: _______________________________________________________________________________________
_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Faculty recommender’s signature ____________________________ Date ____________________________