

**Biotechnology Certificate Program Recommendation Form  
Department of Biology - Ball State University**

Please download & return this form to:  
**Director, Biotechnology Certificate Program  
Ball State University  
Department of Biology  
Muncie, IN 47306-0440**

**Applicant:**

Sign this statement, if applicable. I agree that this evaluation may be kept in confidence and shown only to bona fide university officials with legitimate interest in reviewing the same. I waive any right to inspection or review of this evaluation.

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

**Evaluator:**

Sign this statement, if applicable. I am furnishing this evaluation on the condition that it will not be shown to the applicant named below.

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

*Note: This evaluation will be kept in confidence from the applicant only if both statements are signed. There is no obligation on the part of either party to sign the statements.*

**Recommendation Form**

Name of Applicant: (please print) \_\_\_\_\_

Program Desired:

\_\_\_ BA/BS with Biotechnology Certificate                      \_\_\_ MA/MS with Biotechnology Certification

\_\_\_ Post-baccalaureate Biotechnology Certification only

I have known the applicant as:

\_\_\_\_\_ an undergraduate student                      \_\_\_\_\_ a graduate student

\_\_\_\_\_ a research assistant                      \_\_\_\_\_ a teaching assistant

\_\_\_\_\_ other (specify): \_\_\_\_\_

Length of time I have known the applicant: \_\_\_\_\_

