

**Mail Address:**

AOCS, P.O. Box 17190, Urbana, IL 61803-7190 USA

**Street Address:**

AOCS, 2710 S. Boulder Drive, Urbana, IL 618026996 USA

**Phone:** +1-217-359-2344 • **Fax:** +1-217-351-8091

**E-Mail:** general@aocs.org • **Web:** www.aocs.org

**LOQ Division Student Travel Grant**

**Major Advisor Ranking Form**

Please save this form to your desktop as a PDF or Microsoft Word file, and then complete all the questions below. This confidential form should be returned to the student or submitted to AOCS directly by
**December 18** to awards@aocs.org.

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| --- | --- |
| **Student Name:** | Click or tap here to enter name. |

|  |  |  |  |
| --- | --- | --- | --- |
| **I have known the student from:** | Click or tap here to enter date. | to | Click or tap here to enter date. |
|  | MM/YYYY |  | MM/YYYY |

**Based on my experience with the student, I consider this student to be:**











**Please provide brief comments on the following categories.**

1. Originality of their research, thought process, or other areas:

Click or tap here to enter text.

1. Research ability and skills:

Click or tap here to enter response.

1. Industry experience including internship, corporate collaboration, etc.:

Click or tap here to enter response.

1. Values and ethical judgments:

Click or tap here to enter response.

1. Scientific abilities and skills in the laboratory:

Click or tap here to enter response.

1. Verbal and written communication:

Click or tap here to enter response.

I certify that the information given herein is true to the best of my knowledge.

|  |  |
| --- | --- |
| **Date:** | Click or tap here to enter date. |
| **Major Advisor Name:** | Click or tap here to enter your name. |