



College Student Educational Enrichment Program Recommendation Form

To the Applicant: Indicate whether you desire to waive your right of access to this document. If you decide not to waive your right, this will not affect your chances for acceptance in any manner.

I hereby waive do not waive my right to see this personal reference form. _____
Signature Date

APPLICANT'S INFORMATION:

Name(PRINT): _____

Address: _____

RECOMMENDER'S INFORMATION:

Name(PRINT): _____
Institution Position

Address: _____ Phone _____

Email Address: _____

Signature: _____

I. Rating Scale:

	Superior	Good	Average	Poor	No Opinion
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation, depth of commitment to goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy, sensitivity, consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence, poise, self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability, behavior under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment, problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability, responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity, ability to deal with a variety of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills, ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects and conforms to rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Questions and Comments (Please print or type)

1. How well and in what capacity do you know the applicant?

2. Overall recommendation of student for Student Educational Enrichment Program:

- Highest Recommendation
 Strongly Recommend
 Recommend as Satisfactory
 Not Suitable at this time
 Not Recommended
 Insufficient Evidence to Evaluate

3. Additional comments: (Please attach separate sheet for additional comments).