Recommendation Form Alabama State University 2019 Freshmen Connect Summer Academy

Please Type or Print Clearly

AP	PLICANT'S NAME					
ST	UDENT ID#					
RE	COMMENDER'S NAME					
DA	ATE					
We Stat Thi	THE RESPONDENT: would appreciate your candid appraisal of the applicate University undergraduates. Using this form, please is recommendation will be reviewed confident and be shared with the students. Please be honey	evaluate this a	pplicant in persons i i	relation to oth	er students yo	u have known.
	w well do you know the applicant?					
Wh	nat is your association with the applicant?					
	Rating of Personal Characteristics	Superior	Good	Average	Poor	N/A
	RELIABILITY, dependability, punctuality					
	MOTIVATION, depth of commitment to goals					
	SELF-DISCIPLINE, initiative, stamina, perseverance					
	JUDGMENT, problem-solving ability					
	SELF-CONFIDENCE, self-reliance, poise					
	MATURITY, ability to deal with a variety of situations					
	ACADEMIC POTENTIAL					
	ACADEMIC ACHIEVEMENT					
	ORAL EXPRESSION					
	WRITTEN EXPRESSION					
	LEADERSHIP POTENTIAL					
	INTERPERSONAL RELATIONS, work with others					
Но	w long have you known the applicant?					

Overall recommendation of applicant for the	e Pipeline Summer Academy:			
Strongly recommend	_ Applicant not suitable at this time			
Recommend	Insufficient information for recommendation			
(please pint)				
Name of Recommender:				
Position/Title:				
Address:				
May we contact you for further questions? Yes No				
Phone:	E-mail:			
Signatura	Data			
Signature	Date			

NOTE Please place recommendation in a sealed envelope before giving to the applicant for inclusion in his/her application packet. Otherwise, please mail or email the recommendation directly to our office.

PLEASE RETURN COMPLETED FORM BY MARCH 13, 2019

Maternal and Child Health Improvement Program Summer Academy Enrichment Program ATTN: Mrs. Catrina R. Waters Alabama State University College of Health Sciences 915 South Jackson Street Montgomery, Alabama 36104

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