Advisor/Mentor Recommendation Form
Alabama State University
MCH Summer C.A.R.E. Program

Please Type or Print Clearly

APPLICANT'S NAME _____
STUDENT ID# _____
RECOMMENDER'S NAME _____
DATE _____

TO THE RESPONDENT:

We would appreciate your candid appraisal of the applicant's ability to benefit from a summer training program for Alabama State University undergraduates. Using this form, please evaluate this applicant in relation to other students you have known. **This recommendation will be reviewed confidentially by the persons involved with the selection process and will not be shared with the students.** Please be honest in your evaluation of this candidate.

****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.**

How well do you know the applicant? _____

What 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					

How long have you known the applicant? _____

Overall recommendation of applicant for the MCH Summer Program:

_____ 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: _____

_____ _____
Signature Date

****NOTE** Please forward recommendation in a sealed envelope directly to the program office or email the recommendation directly to our office.**

PLEASE RETURN COMPLETED FORM BY MARCH 5.

Maternal and Child Health Department
MCH Summer **C**areer **A**dvancement and **R**esource **E**nrichment Program
ATTN: Mrs. Catrina R. Waters
Alabama State University
College of Health Sciences
915 South Jackson Street
Montgomery, Alabama 36104

334.229.8818 - Office
asumchpipeline@alasu.edu