



SUMMER SCHOLARS PROGRAM RECOMMENDATION FORM

To the applicant: This section is to be completed by the applicant before giving it to the individual providing the recommendation:

Applicant's Fordham ID Number: _____

Applicant's Name: _____
Last First Middle

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

To the Recommender:

Please answer as many questions as your acquaintance with the student permits. A letter must be submitted in addition to this form, but it is imperative that this page accompany any recommendation to properly match documents to files.

Recommendations can be scanned and sent to CSTEP@fordham.edu.

If you have questions about this form, please contact Kiara Vega at kvega@fordham.edu / (646) 293-3940 or Tiffany House at thouse2@fordham.edu / (718) 817-3268

Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had the same amount of education and experience.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
General motivation	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Writing Skills	0	1	2	3	4
Verbal Communication	0	1	2	3	4

In what capacity do you know the applicant? _____

Do you have any concerns about this student's ability to participate in this program?

- I recommend without reservation.
- I recommend with reservation. Please explain.

Please provide any additional information that would be helpful.

RECOMMENDER INFORMATION

(Please Print)

Name: _____

Title/Position: _____ Department: _____

Name of School/ Company: _____

Address: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____