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 cgarcia@fordham.edu.

If you have questions about this form, please contact Christie-Belle Garcia at cgarcia@fordham.edu or (718) 817-3269.
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.

<table>
<thead>
<tr>
<th></th>
<th>Unable to Judge</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poised in challenging situations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Intellectual ability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Integrity</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Work habits</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>General motivation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Leadership ability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Initiative</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ability to work with others</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Maturity</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Writing Skills</td>
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<td>3</td>
<td>4</td>
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<td>Verbal Communication</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Openness to Constructive Feedback</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

In what capacity do you know the applicant? _________________________________________________

Do you have any concerns about this student's ability to participate in an intensive 5-week residential program designed to increase his/her preparedness for STEM / pre-health undergraduate studies?

_____ I recommend without reservation.
_____ I recommend with reservation. Please explain below.
_____ I do not recommend.

Please provide any additional information that would be helpful (Attach a letter if necessary).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

RECOMMENDER INFORMATION

(Please Print)

Name: ________________________________________________________________________________

Title/Position: ___________________________ Department: _________________________________

Name of School/ Company: ______________________________________________________________

Address: ____________________________________________________________________________

Phone: ______________________ Email Address: ____________________________________________

Signature: _____________________________ Date: ________________________________