

# Recommendation Form

## Alabama State University

### 2018 Freshmen Connect Summer Academy

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.

How well do you know the applicant? \_\_\_\_\_

What is your association with the applicant? \_\_\_\_\_

How long have you known 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					

**Comments**

Please comment on your knowledge of the applicant, especially as it relates to the applicant's interest in and/or pursuit of his/her career goals, and how participation in this program can help the applicant achieve his/her goals. Please feel free to attach an additional sheet.

Overall recommendation of applicant for the Pipeline Summer Academy:

\_\_\_\_\_ Strongly recommend                      \_\_\_\_\_ Applicant not suitable at this time  
\_\_\_\_\_ Recommend                                      \_\_\_\_\_ Insufficient information for recommendation

*(please print)*

Name of Recommender: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact you for further questions?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Phone: \_\_\_\_\_                      E-mail: \_\_\_\_\_

\_\_\_\_\_  
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 the recommendation directly to our office.**

**PLEASE RETURN COMPLETED FORM BY MARCH 28, 2018**

Maternal and Child Health Improvement Program  
Summer Academy Enrichment Program  
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