

Southern University at New Orleans-Robert Noyce
 Collaboration to Improve STEM Teacher Recruitment and Preparation (CISTRP)

RECOMMENDATION FORM

APPLICANT: Complete this section only.

Type or legibly print in ink all information requested. Give this form and a self-addressed envelope to the teacher, counselor, or educator you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials. All materials must be submitted by **April 25, 2019 to:** Dr. Cynthia Singleton Natural Sciences Building, Room 270, Southern University at New Orleans, 6400 Press Drive, New Orleans, LA. 70126 For additional information call: (504)-284-5479

Applicant

Name _____ Year in school _____
Last First Middle

SIDN _____ Major _____

Recommender

Name _____ Subject _____

School _____

Institution _____

Acquaintance with Applicant

1. I have known this applicant for a period of ___ years and/or ___ months
2. I have known this applicant as: ___ a student; ___ other (specify) _____
3. I have served as this applicant's: ___ teacher/instructor; ___ mentor; other (specify) _____

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge							
Creativity/Imagination							
Ability to work independently							
Ability to work with others							
Oral/ Presentation skills							
Writing skills							
Motivation toward academic goal(s)							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to this application.

Signature of Evaluator _____

Date _____

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