

Southern University at New Orleans
Louis Stokes Louisiana Alliance for Minority Participation (LS-LAMP) Program
(SUNO- LS-LAMP)
Application for Academic Stipends – Fall 2025

RECOMMENDATION FORM

APPLICANT: Complete this section only. Type or legibly print all information requested. Give this form and a self-addressed envelope to the faculty member 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.

Applicant

Name _____ Year in school _____
Last First Middle

SID U _____ Major _____

Recommender

Name _____ Department _____

Title _____

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 _____