

Southern University at New Orleans  
Louis Stokes Louisiana Alliance for Minority Participation (LS-LAMP) Program  
**(SUNO- LS-LAMP)**  
**Application for Academic Stipends – Spring 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 \_\_\_\_\_

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**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) \_\_\_\_\_

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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<br>(Top 1%) | Outstanding<br>(Top 5%) | Excellent<br>(Top 10%) | Very Good<br>(Top 25%) | Satisfactory<br>(Top 50%) | Below<br>Average<br>(Lower 50%) | No Basis for<br>Judgment |
|---------------------------------------|-------------------------|-------------------------|------------------------|------------------------|---------------------------|---------------------------------|--------------------------|
| Knowledge                             |                         |                         |                        |                        |                           |                                 |                          |
| Creativity/Imagination                |                         |                         |                        |                        |                           |                                 |                          |
| Ability to work<br>independently      |                         |                         |                        |                        |                           |                                 |                          |
| Ability to work with<br>others        |                         |                         |                        |                        |                           |                                 |                          |
| Oral/ Presentation<br>skills          |                         |                         |                        |                        |                           |                                 |                          |
| Writing skills                        |                         |                         |                        |                        |                           |                                 |                          |
| Motivation toward<br>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.

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Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_