

**S-STEM SCHOLARSHIP PROGRAM
RECOMMENDATION FORM**

The College of St. Scholastica
Jennifer Rosato, Administrator, Tower 3407
S-STEM Scholars Program
1200 Kenwood Ave, Box 2470
Duluth, MN 55811

This section to be completed by the applicant. Please print or type.

(Last Name)

(First Name)

(Middle Initial)

Major

OPTIONAL: This waiver is not required as a condition for admission to or receipt of any other services and benefits from S-STEM Scholars Program. All rights of access to this letter of recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived. No signature means that the student will have the right to read this reference.

(Date)

(Signature)

This section to be completed by the evaluator. Return to the S-STEM Program office in a sealed envelope with your signature over the seal.

The S-STEM Scholars Program encourages low-income students to enter programs of graduate study or employment in science, technology, or mathematics. S-STEM Scholars receive support in writing, submitting, and presenting credentials to graduate schools or for employment.

The person named above has applied to the S-STEM Program and has asked you to evaluate her/his academic, research and career ability. Please help us assess the promise and motivation of this student by completing this form and returning it to the S-STEM office. Thank you for your prompt cooperation.

1. Please rate the applicant in each attribute/skill listed below compared to other students with whom you have worked.

Attributes/Skills	No Basis to Judge	Upper 10%	Upper 25%	Upper 50%	Lower 50%
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation/Initiative					
Teamwork Ability					
Dependability					
Creativity					
Open-mindedness					
Flexibility					
Research Ability					
Critical Thinking Ability					

2. How long have you known the applicant and in what capacity? (Give dates, if possible.)

3. (For teachers of applicants only.) I would rank this applicant in the top ____% of the approximately ____ undergraduate students I have taught within the last five years.

4. Estimate of graduate school potential:

	Outstanding	Above Average	Average	Below Average
as a degree candidate				
as an employee				
as a researcher				

5. What are the applicant's greatest strengths and weaknesses with regard to academics, research ability or other characteristics relative to academic or career success?

6. Recommendation concerning selection for the program (check one):

- I recommend the applicant with confidence. I recommend the applicant with reservation.
 I recommend the applicant I do not recommend the applicant.

7. Please provide any additional comments and/or assessment of the applicant's potential for success in graduate school. We will appreciate your candid appraisal.

Evaluator's Signature: _____ Phone: _____

Position/Title and Dept: _____ Date: _____