

ExStRM PROGRAM

RECOMMENDATION FORM

Please complete this recommendation form and return it via email to ExStRM@cdrewu.edu by 5 pm on Wednesday March 15th (please include applicant's name and "ExStRM Program" in the subject line)

Applicant's Name: _____

Name of Evaluator: _____

Evaluator's Title: _____

High School/Institution: _____

High School Address: _____

Telephone: _____

Email: _____

How long have you known the applicant? _____

Evaluation:

Please check the best response.

	Below Average	Average	Excellent	Outstanding	Unable to Respond
Energy and initiative					
Ability to work independently					
Ability to work in a group					
Fulfills goals					
Works to capacity					
Oral expression					
Written expression					
Originality					
Self-confidence					
Disciplined work habits					

In an attached letter (not to exceed 1 page) please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:

- The benefits you feel the applicant would receive from this program and what he or she might contribute
- Personal qualities of the applicant that might particularly recommend him or her for this program

Signature: _____

Date: _____