

2015-2016 Student Ambassador Recommendation Form

Name of Applicant _____

Address _____

Email _____ Student ID Number _____

To the person completing this form: The person above is applying to be a Student Ambassador with the Office of Admissions for the 2015-2016 school year. Please answer the questions below and rank the applicant with "5" being the highest score and "1" being the lowest.

	5	4	3	2	1	n/a
Oral Communications						
Written Communications						
Academic Performance						
Motivation/Initiative						
Interpersonal Relations						
Maturity						
Ability to interact with diverse populations						

How well do you know the applicant? ___ Very well ___ Fairly well ___ Minimally

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

What are the principle strengths of the applicant?

What are the areas of improvement or development of the applicant?

My recommendation to the Office of Admission's Student Ambassador Program is:

___ Very strong ___ Moderate ___ Marginal ___ I do not recommend

Please print your name _____

Position _____ Institution _____

Email address _____ Telephone _____

Signature _____ Date _____

Please complete this form, place it in an envelope, sign your name across the sealed flap and return it to the applicant or the Office of Admissions as soon as possible.