

Recommendation

To be completed by applicant

Student name _____

Student ID # _____

Program and quarter of program _____

Reference requested from: (both references must be professors) _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, students are permitted access to certain education records. I grant permission for this letter of recommendation to be held confidential and used only the purpose for which it was prepared.

Yes No Student signature _____

To be completed by reference:

The applicant named above is applying for a SCAD off-campus program. Your candid assessment of the student is vital to the selection process. If you do not feel qualified to assess the student please ask him/her to choose another evaluator.

Please complete both sides of this form and return with any additional information to:

SCAD, Coordinator of Academic Activities
York Hall, Room 315
P.O. Box 3146, Savannah, GA, 31402-3146 USA
or by fax to: 912.525.4722

Your name _____ Your title _____

Your school and department _____ Room number _____

Your e-mail _____ Your phone _____

1. How long have you known the applicant and in what context?

Off-campus Programs Recommendation

2. Indicate the applicant's ability and competence in comparison with other individuals whom you have known in similar capacity.

Attribute	Truly Outstanding	Above Average	Average	Below Average	Unable to judge
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation and initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability/Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assertiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability/maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to interact with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective use of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please comment specifically on the applicant in terms of the following

a. How will participation in the study program be of benefit, both academically and personally?

b. Will this student make a good ambassador for SCAD?

c. Do you have any concerns that may affect a successful experience on a study program?

Reference signature

Date / /