SCAD Summer Seminars 2013



Applicant's full legal name

Name of person completing recommendation

Applicant's email



Evaluate the applicant named below and **return this form to the student**. A prompt reply is appreciated, as admission status cannot be determined until all supporting documents are received. Rate the applicant with respect to specific attributes by placing a check mark in the appropriate spaces. Omit those areas in which you have no knowledge of the applicant. If you have questions, call 800.869.7223 or 912.525.5100 in Savannah, or 877.722.3285 or 404.253.2700 in Atlanta.

(The recommendation should be completed by a teacher, preferably an art teacher. The recommendation may not come from family members or friends.)

Attribute	Excellent	Good	Average	Below Average
Artistic skill				
Academic performance				
Emotional stability				
Character				
Creativity				
Ambition				
Perseverance				
Interest in sharing ideas				
Initiative and self-motivation				
Ability to work with others				
Ability to meet deadlines				
Ability to assimilate new information				
Ability to accept criticism				
Skill in verbal expression				
Attention to detail				

How long have you known the applicant?

What is your association with the applicant?

In the space provided, elaborate on any aspects of the applicant's backs. Type or print.	ground (positive or negative) or accor	mplishments you believe are pertinent.
Thank you for your assistance. <i>Type or print</i> .		
Applicant's name		
Your name	Your title	
Your address		
Your email	Your phone ()
Your signature	Date	