

Letter of Recommendation

Students Name: _____

To the student: This form is to be completed by current or past instructors. Letters from friends, relatives, or other students cannot be accepted.

To the evaluator: Please complete this form. Add any information at the bottom of the page which you feel bears directly on the applicant's circumstances. You may use the back of this page if necessary.

This form will become part of an open file available to the student: Therefore the reference included in the file will be considered non-confidential.**

Please rate the student in each of the following categories:

Categories	Superior	Above Average	Average	Below Average	No Basis for Judgment
Academic Achievement					
Self-discipline					
Strength of character					
Written/Oral Expression					
Creativity					
Overall Evaluation					

Evaluator's Name (print) _____ Signature _____

Place of employment _____ Title or position/dept. _____

Comments _____

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