

# ExStRM PROGRAM

## RECOMMENDATION FORM

Please complete this recommendation form and return it via email to [exstrm@cdrewu.edu](mailto:exstrm@cdrewu.edu) by 5 pm on Saturday February 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 mark the best response.

	<b>Below Average</b>	<b>Average</b>	<b>Excellent</b>	<b>Outstanding</b>	<b>Unable to Respond</b>
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: \_\_\_\_\_