

Student Recommendation

STUDENT INFORMATION

Student Name					
Course CRN			Course Name		
Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter	Year	Grade Issued

INSTRUCTOR EVALUATION

Based on your experience with the student in your content area, how would you rate the student in the following areas? Please use the comment area if necessary.

Please use the following scale: 5 (Excellent) 4 (Very Good) 3 (Average) 2 (Below Average) 1 (Poor)

MOTIVATION	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
CONSISTENCY (i.e. attendance, preparation, work performance)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
ABILITY	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
WRITTEN COMMUNICATION	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
ORAL COMMUNICATION	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					

STUDENT RATING

Where would have rated this student in your class? Top 10 % Top 20% Top 50%

RECOMMENDATION FOR INTERNSHIP PROGRAM

Would you recommend this student for admission into the CCAP-Travelers EDGE internship program?
Choose from one of the selections below and offer support for your recommendation.

<input type="checkbox"/> I would highly recommend this student with no reservations.
Comments
<input type="checkbox"/> I would recommend this student with some reservations.
Comments
<input type="checkbox"/> I would not recommend this student.
Comments

INSTRUCTOR CONTACT INFORMATION

Instructor Name	
Email	Office Phone

Instructor Signature

Date