

MSM S.T.E.A.M. Academy Recommendation Letter Form

To the recommender: Please fill in the following and email this form directly to Kyndra Stovall, kstovall@msm.edu

Applicant's Name: _____

Recommender Information:

Name: _____ Title/Position: _____

Address or School affiliation: _____

Email: _____ Phone Number: _____

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

2. Please rate the applicant in the following categories:

	Excellent (top 5%)	Very Good (top 15%)	Good (top 25%)	Fair (top 50%)	Weak (lower 50%)	Not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation and respect						
Writing skills						
Speaking/ presentation skills						

3. Please provide any additional comments

4. What is your overall recommendation for the applicant?

Strongly recommended Recommended

Recommended with reservation Not recommended

Signature: _____ Date: _____