
Ohio Space Grant Consortium
2017-2018 COLLEGE OF EDUCATION SCHOLARSHIP APPLICANT
RECOMMENDATION FORM

Evaluator: *Please seal the Recommendation Form in an envelope, sign across the seal, and return to the applicant for submission.*

Name of **APPLICANT**

Name of **EVALUATOR**

Last First Initial

Area of Certification and Licensure (i.e., Science, Math, Other)

Title

Grade Level of Certification and Licensure (i.e., Early, Middle, Adolescent to Young Adult, or Multi-Age)

Department

University

⇒ **Applicant should complete information above this line.** ⇐

ACQUAINTANCE WITH APPLICANT:

1. **I have known the applicant for** _____ **years and/or** _____ **months.**

2. **I have known the applicant as:**

A student in one class A student in several classes Other (specify) _____

3. **I have served as the applicant's:**

Instructor Department Chairman
 Advisor Other (specify) _____

4. **APPLICANT'S ACADEMIC ABILITY:** In comparison with a representative group of students who have approximately the same education and experience, how do you rate the applicant in **GENERAL ALL-AROUND ABILITY?**

Truly Exceptional. Equivalent to the very best that you have known.

Outstanding. Comparable to the best student in a current class. Highest 5%.

Unusual. Next highest 5%.

Above Average. Ability easily identifiable. Upper 20%.

Average. Upper 50% but not upper 20%.

Below Average. Lower 50%.

Please complete reverse side.

Applicant's Name _____

Ohio Space Grant Consortium

5. **WRITTEN EVALUATION:** In the space below, please describe in some detail the applicant's abilities. In particular, comment on the applicant's potential as an undergraduate/graduate student and as a future educator including major academic strengths and weaknesses, versatility, and initiative. We are particularly interested in the student with high potential that may not be reflected in the overall undergraduate grade point average. Please be specific in discussing the qualifications of such a student. Your comments here are of particular importance in the selection process. *(If a separate sheet is used for this evaluation, please clearly indicate the applicant's name.)*
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CONFIDENTIALITY: Before signing this report you should check one of the two blocks below. If you wish to have comments held in confidence so as to not reveal your identity as their author, you should check Block A. If Block A is checked, the Ohio Space Grant Consortium will honor your request to the extent permitted by law, under the Privacy Act of 1974.

- A My preparation of this Reference Evaluation **is conditioned** upon the promise of OSGC to hold my identify as author of these comments in confidence.
- B My preparation of this Reference Evaluation **is not conditioned** upon the promise of OSGC to hold my identity as author of these comments in confidence.

Signature of Evaluator _____

Date _____

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