STUDENT RECOMMENDATION FORM

Part A - to be completed by the applicant:

Last Name   Suffix (Jr./Sr., etc.)    First Name    M.I.______________________________________________________________________________________________________

Intended Major    Degree Sought    Student ID #________

I agree that the recommendation I am requesting shall be held in confidence by officials of Delaware State University, and I hereby waive any rights I may have to examine it.         _____Yes        _____No

Signature of Applicant ___________________________________________ Date ____________________________

Part B – to be completed by person recommending applicant:

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

We would appreciate your assessment of the applicant’s scholarship, personality, character, and professional demeanor. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use the reverse side of this sheet or a separate sheet. If you prefer, you may write the entire statement on your own stationery.
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Applicant’s potential as an undergraduate student in comparison with others of similar age and experience

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<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Unusual</th>
<th>Outstanding</th>
<th>Truly Exceptional</th>
<th>Inadequate Opportunity to Observe</th>
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<tbody>
<tr>
<td>Intellectual Potential</td>
<td>□</td>
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<td>Ability to work with others</td>
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<td>Creativity and imagination</td>
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<td>Maturity</td>
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<td>Self-confidence</td>
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<td>Oral communication skills</td>
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<td>Motivation for proposed program</td>
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</table>

Signature ___________________________________________ Please Print Name __________________________

Position Held ___________________________ Date ___________________________

Employer Address ___________________________________________ City ___________________________ State ___________________________ Zip ___________________________

Please complete this recommendation for the above named person and mail to:
Delaware State University
The Office of Financial Aid
1200 North DuPont Highway
Dover, DE 19901-2277