



Student Section:

Student Name: (Last, First) : _____

Scholarship applying for: Returning IEP Level 6

Faculty/Employer Section:

Name: (Last, First) _____

Email: _____ **Phone:** _____

Relation to student: _____

Please rate the applicant based on your experience with the student.

Academic Progress/ Personal Achievement:

(grades and /or quality of work)

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Attitude/Cooperation: *(relationship with others)*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Leadership: *(judgement and ability to lead and influence)*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Attendance/Reliability: *(class attendance and/or dependability):*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

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Communication Skills: *(ability to express ideas)*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Motivation: *(initiative, resourcefulness, self-starter)*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Work Habits/Organizational Skills: *(ability to plan, manage, and execute)*

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Comments:

I certify that that the information I have provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for taking the time to complete this form

Send forms directly to the International Programs office CC2357 or mail stop 3NC2357 in a sealed envelope. Forms may also be scanned and emailed to IPscholarships.north@seattlecolleges.edu. Please put in subject line: Recommendation form (student name).

Please do not return form to student.