

DOMESTIC EXCHANGE RECOMMENDATION FORM 2010-2011

SUBMIT THE FORM TO: dneely@spelman.edu or ous@spelman.edu by **March 1, 2009**

Student Last First Middle

Recommender Last First

Overall Recommendation:

I have known the applicant for _____ year(s) and/or _____ month(s).

I have served as the applicant's (double click on the box then click checked under default for all that apply):

- teacher in several classes advisor other _____
 teacher in only one class department chair

How would you rate this student in the following areas compared with other college students you have worked with

Check the appropriate box	NA (unable to assess)	Below Average	Average	Good	Excellent	Outstanding
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/ Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Probability of Success as a Domestic Exchange Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the student's strengths?

What are the student's weaknesses?

Please share any other information about this student that may assist the committee.

Signature of Recommender