SCHOLARSHIP RECOMMENDATION

(To be filled out by student)

Name:  
Instructor's Name:  
Courses taken from instructor:  

NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Signature of Applicant  
Date

(To be filled out by Journalism faculty member)

Contexts in which you have worked with the student:
classroom ☐  co-curricular ☐  extra-curricular ☐  other ☐  
If other, please explain:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic merit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Interaction with others</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Maturity and dependability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<td>Involvement in student media</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

Please comment briefly about the student (continue on back, if necessary):

Signature of Faculty Member  
Date