

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:

| | Excellent | Above Average | Average | Below Average | Poor | No Basis for Judgment |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic merit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity and dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Involvement in student media | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment briefly about the student (continue on back, if necessary): | | | | | | |

Signature of Faculty Member _____ Date _____