

STUDENT AMBASSADOR RECOMMENDATION FORM

Student Name: _____

How long have you known student? _____

If applicable, what class did you teach? _____

This form should be completed by recommender. Please type or print in black ink.
This form may be duplicated for additional recommendations.

Full Name: _____ Title: _____
Last First M.I.

Employer: _____ Email: _____

Address: _____
street city state zip code

Signature: _____ Date: _____

Please assess the student in the following areas:

	Poor			Excellent	
Demonstrated or potential leadership ability	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5
Initiative and desire to achieve excellence	1	2	3	4	5
Academic achievement	1	2	3	4	5
Openness to other cultures	1	2	3	4	5
Ability to accept and integrate constructive feedback	1	2	3	4	5
Ability to work in a professional environment	1	2	3	4	5

Please complete a brief recommendation statement for the above listed applicant.