Applicant Name: _____________________________________

IN WHAT CAPACITY ARE YOU FAMILIAR WITH THE APPLICANT? (MARK ALL THAT APPLY.)

☐ Academic advisor  ☐ Professor  ☐ Supervisor  ☐ Organization advisor  ☐ Other: ______________________

FOR WHAT PERIOD OF TIME?

☐ 1 semester  ☐ 1-2 semesters  ☐ 3-4 semesters  ☐ 5-6 semesters  ☐ 7-8 semesters

PLEASE COMPARE THIS STUDENT TO OTHER STUDENTS WITH WHOM YOU INTERACT ON THE FOLLOWING FACTORS:

Commitment to Volunteer Work  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Dependability  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Leadership Skills  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Integrity  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Level of Follow Through  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Desire to Learn  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

Commitment to Academics  ☐ Top 10%  ☐ 1st Quartile  ☐ 2nd Quartile  ☐ 3rd Quartile  ☐ 4th Quartile  ☐ No Basis to Rate

PLEASE COMMENT ON THIS STUDENT’S CONTRIBUTIONS TO KUTZTOWN UNIVERSITY AND/OR THE COMMUNITY AT LARGE:

ADDITIONAL COMMENTS:

COMPLETED BY: ___________________________ DEPARTMENT: ___________________________
SIGNATURE: ____________________________