To be completed by the applicant:

Recommender’s name: ____________________________________________________________

Applicant’s name: ______________________________________________________________________

Your course or program name: ______________________________________________________________________

To be completed by the recommender:

How long have you known the applicant and in what capacity?

_______________________________________________________________________________________

When did the applicant ask for the recommendation?

_______________________________________________________________________________________

Please rate the applicant on the following. Select ONLY ONE response per question:

**Intellectual Strengths or Qualities**

Level of Intellectual Curiosity

- Below Average
- Average
- Above Average
- Exceptional
- No Basis for Judgment

Comments: ________________________________________________________________________________

**Ability to Analyze Problems and Formulate Solutions**

Level of Intellectual Curiosity

- Below Average
- Average
- Above Average
- Exceptional
- No Basis for Judgment

Comments: ________________________________________________________________________________

**Qualities Bearing on Conduct**

Level of Maturity

- Below Average
- Average
- Above Average
- Exceptional
- No Basis for Judgment

Comments: ________________________________________________________________________________

Level of Initiative

- Below Average
- Average
- Above Average
- Exceptional
- No Basis for Judgment

Comments: ________________________________________________________________________________

Pathways Fellowship Recommendation
Meets Deadlines
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Timeliness, in particular for Class Attendance
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Academic Preparedness
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Level of Integrity
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Interpersonal & Communication Skills
Communicates Effectively (both oral & written)
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Collaborates and Works Well with Others
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptional ☐ No Basis for Judgment
Comments: ____________________________________________

Please indicate the strength of your overall endorsement:
☐ recommended with reservations ☐ recommended ☐ highly recommended

Based on your knowledge of the student, do you believe this internship is a good fit for their strengths & interests?
____________________________________________________________________________
_____________________________________________________________________________________

Please describe any additional qualifications and characteristics you consider to be of particular significance in evaluating the applicant’s abilities to succeed in the Pathways Program:
____________________________________________________________________________
_____________________________________________________________________________________

Phone: ______________________________ Email: ______________________________
Signature: ______________________________ Date: ______________________________

Please return this completed form by 4:30 pm on March 18, 2020 to kathleen.cady@sjc.edu,
or fax to 410-626-2885 or mail to:
Kathleen Cady, Career Services Office, St. John’s College, 60 College Avenue, Annapolis, MD 21401