Pathways Fellowship Recommendation

To be completed by the applicant:

Recommender's name: _________________________________________________________________

Applicant's name: _______________________
______________________________________________

In what field of work is this internship? _____________________________________________________

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

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

Comments: ___________________________________________________________________________
_____________________________________________________________________________________

QUALITIES BEARING ON WORKPLACE 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: ___________________________________________________________________________
_____________________________________________________________________________________

STATEMENT OF WAIVER OR NONWAIVER OF STUDENT’S RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Applicant Signature Required

- I hereby voluntarily waive my right of access under FERPA to confidential letters and statements
  of recommendation.
- I do NOT waive my right of access under FERPA to confidential letters and statements of
  recommendation.

print or type name ____________________________________________________________
signature _______________________________________________________________________
print or type name ________________________________________________________________________________

Please rate the applicant on the following. Select ONLY ONE response per question:
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 March 28, 2019 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