

Pathways Fellowship Recommendation

To be completed by the applicant:

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

date

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

☐ 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: _____

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