

**Recommendation Form**

To be completed by the applicant:

Applicant’s Name:

Email:

I do waive my right to access or view the recommendation letter. YES NO

To be completed by the recommender:

Recommender’s Name: Title: Email: How long you have known the student and in what capacity?

Your evaluation is an important part of the candidate’s application to CyberCorps: Scholarship for Service program.

Please rate the student on the following criteria:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criteria | Excellent | VeryGood | Average | BelowAverage | Unable toJudge |
| Intellect |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |
| Written communicationskills |  |  |  |  |  |
| Verbal communicationskills |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Timeliness withassignments/ projects |  |  |  |  |  |
| Maturity in peer interaction |  |  |  |  |  |
| Interpersonal skills |  |  |  |  |  |
| Commitment to achievingacademic goals |  |  |  |  |  |
| Work independently |  |  |  |  |  |

Please include any additional comments regarding attributes or characteristics that the applicant has demonstrated that would be applicable to this scholarship award.

Signature: Date:

***Please email your letter*** ***jdehlinger@towson.edu*** ***or drop it off at Towson University, 8000 York Road, Suite 406, Towson, MD 21252 for Dr. Dehlinger.***

***Shiva Azadegan***