

Chicago Semester

living, learning & working

Recommendation Form

To the person completing this form:

The staff and campus representatives of Chicago Semester appreciate your willingness to complete the following recommendation of this applicant. Your comments will be an important factor in acceptance and internship placement with the program.

Please mail or email a copy of the completed form directly to the campus representative of the student (see list) and send the completed form to Sara Van Gorp at sara.vangorp@chicagosemester.org. Thank you!

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Recommendation Form

Student Name _____ Intended Semester Enrollment Date _____ College _____

1. Using the chart below, please rate the applicant relative to others you have known in a similar capacity:

	Poor	Fair	Good	Excellent	Not Observed
Academic Performance					
Leadership Potential					
Self-Directedness					
Assertiveness					
Emotional Stability					
Oral Communication Skills					
Ability to Accept & Utilize Constructive Criticism					
Ability to Meet Deadlines					
Social Awareness & Concern					
Motivation for Proposed Program of Study					
Potential for Adjustment to Urban Environment					
Potential for Positive Supervisor-Student Relationship					

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

3. What do you consider to be the applicant's most outstanding talents or characteristics? How have they been displayed?

4. In what areas does the applicant need to further develop or show improvement?

5. Please comment on the applicant's skills and adaptability for a professional work setting. Which abilities most suit him/her for learning in this type of professional environment?

Name

Title

Organization/College and Department

Phone Number

Email

Signature

Date