

Recommendation Form

To the Applicant:

Fill in the information below and give to your evaluator (must be a member of the faculty, academic advisor, or a teaching assistant). In addition to the form, the evaluator must also include a separate letter of recommendation. All materials are to be submitted in a sealed envelope.

Applicant name (please print): _____

University ID number: _____

uark email address: _____

Waiver of Access

I have requested that this recommendation be submitted for use in the *University-Wide Current Student Scholarship* program. In accordance with the *Family Education Rights and Privacy Act of 1974*, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your choice to waive your right of access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choices, and sign your name.

_____ I waive my right to review this recommendation, which shall therefore be considered confidential

_____ I do **not** waive my right to review this recommendation

Signature of Applicant

Date

Note to Evaluator and Applicant:

If the applicant has agreed to this waiver, we will preserve the strict confidentiality of this document that will be made available only to the members of the Scholarship Review Committee and other appropriate staff members. If the applicant has not agreed to this waiver, the recommendation will be made available to the applicant upon request.

Questions? Please contact:

Garrick D. Hildebrand
Office of Academic Scholarships
Old Main 101
479-575-4464
ghildeb@uark.edu

Recommendation Form

To the Evaluator:

Please complete the form below along with an additional letter of recommendation printed on departmental letterhead. Send both portions of the Recommendation Form along with the Letter of Recommendation in a sealed envelope to the following address or return to the applicant (must be in a sealed envelope):

Current Student Scholarship Program
 Office of Academic Scholarships
 Old Main 101
 University of Arkansas
 Fayetteville, AR 72701

Evaluator Name (please print): _____
 Title/Position: _____ Department: _____
 Campus Address: _____
 UARK email: _____ Phone: _____

Ratings

Compared to other students, how would you rate this student in terms of:

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (Top 10%)	No Basis
Creativity						
Motivation						
Independence or initiative						
Academic achievement						
Disciplined work habits						
Potential for growth						
Personal qualities and character						
Overall recommendation						

Letter of Recommendation

Please complete a separate letter of recommendation and submit it along with the Recommendation Form. Please write whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will assist us to differentiate this student from others.

Signature: _____ Date: _____