

**Norfolk State University**  
***Science and Technology Academicians on the Road to Success (STARS)***  
***Faculty Recommendation Form***  
Please Print or Type all Information

To be completed by applicant:

Name: \_\_\_\_\_

Student ID or Social Security Number: \_\_\_\_\_

I \_do\_ do not waive my rights to examine this application form. If you do waive your rights, the NSU faculty member should place this form in a sealed envelope with your name on the front and sign the back of the envelope.

To be completed by NSU Faculty member:

How long have you known this applicant? \_\_\_\_\_

In what capacity: (Circle) Instructor Academic Advisor Senior Seminar Advisor Other: \_\_\_\_\_

Among other students you have taught, how do you rank the applicant's:

- |   |   |  |  |
|---|---|--|--|
| 1. Oral Communication Skills            | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 2. Written Communication Skills         | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 3. Initiative                           | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 4. Computer Skills                      | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 5. Research Experience                  | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 6. Career Aspirations/Goals             | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 7. Ability to Work in a Team            | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 8. Ability to Work Independently        | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |
| 9. Relationship to Others in Department | <input type="checkbox"/> Exceptional (top 3%) | <input type="checkbox"/> Excellent (top 10%) | <input type="checkbox"/> Very Good (top 40%) |
|   | <input type="checkbox"/> Good (top 60%)       | <input type="checkbox"/> Poor or inadequate  | <input type="checkbox"/> Not able to observe |

If you have anything additional to express about this student, please write them on the back of this form or make a separate attachment. Check  if there is any additional information.

PRINT NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_