

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 this applicant's:

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