

## 2016-2017 ISP Recommendation Form

Please submit one copy of your remarks in a sealed and signed envelope to the MSC Leland T. and Jessie W. Jordan Institute Office in Room 2293 of the Student Programs Office in the Memorial Student Center, by campus mail to Mail Stop 1237 Attn: Jordan Institute, or by email at <a href="mailto:jiwork@msc.tamu.edu">jiwork@msc.tamu.edu</a> (please include student's name in the subject line).

ı	THIS SECTION	TO BE COM	MPLETED	BY APPLICANT		
Name of Applicant:						
Classification:	ution: UIN:					
Reference requested from:						
THIS SECTION TO BE COMPLETED BY REFERENCE						
<ol> <li>This reference is prepared with the understanding that my comments will be held in confidence.         □ Yes □ No</li> <li>How long and in what capacity have you known the applicant?</li> </ol>						
For sections 3 and 4, please keep in mind that the applicant will be representing the United States as well as TAMU and that both personal suitability and academic excellence are important criterion to be considered.  3. Please indicate your judgment of the applicant's professional ability and competence below.						
(Check one for each category)						
	Outstanding	Very Good	Average	Below Average	Inadequate Basis for Judgment	
General Knowledge						
Intellectual Ability						
Maturity/Stability						
Judgment/Problem-Solving						
Oral Communication						
Written Communication						
Independence/Self-Direction						
Motivation/Commitment						
Creativity/Originality						
Flexibility/Adaptability						
Self-Reliance						
Impression of Citizenship						
4. Final Overall Rating of Stud	ent (Check or	ne):				
□ Exceptional	☐ Very Good			☐ Above Average		
☐ Average	☐ Fair	:		☐ Not Recommended		
Signature of Reference:				Date:		