



## 2022-2023 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 [jiwork@msc.tamu.edu](mailto:jiwork@msc.tamu.edu) (please include student's name in the subject line).

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### THIS SECTION TO BE COMPLETED BY APPLICANT

Name of Applicant:

Classification:

UIN:

Reference requested from:

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### THIS SECTION TO BE COMPLETED BY REFERENCE

1. This reference is prepared with the understanding that my comments will be held in confidence.  
☐ Yes ☐ No
  2. How long and in what capacity have you known the applicant?
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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 Student (Check one):

☐ Exceptional

☐ Very Good

☐ Above Average

☐ Average

☐ Fair

☐ Not Recommended

Signature of Reference: \_\_\_\_\_

Date: \_\_\_\_\_