



The Robert Noyce Scholarship Program

Letter of Recommendation Form

Notice: Public Law 93-380, the Family Educational Rights and Privacy Act of 1974 as amended gives students the rights of access to letters of recommendation written after January 1, 1975 and kept in a placement file in their name.

<i>This section to be completed by applicant</i>		
Today's date: _____		
Name of student applicant: _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Name of person providing recommendation: _____		

<i>Professional/academic relationship</i>	<i>Phone number</i>	<i>Email</i>
Applicant requires letter of recommendation be received by this date: _____		
I choose to have this recommendation treated as (<i>check one</i>):		
<input type="checkbox"/> Confidential (not open for my review) <input type="checkbox"/> Non-Confidential (open for my review)		
<i>If a box has not been checked, the recommendation will be treated as non-confidential.</i>		
Applicant signature: _____		Date: _____

Instructions for person providing the recommendation

1. Fill in, sign, and date page 2 of this form.
2. Write a letter of recommendation for the applicant (*as attachment or on reverse of page 2*).
3. Return your completed recommendation to the applicant by the date indicated above.

If the applicant has chosen a **CONFIDENTIAL** recommendation, please return your letter of recommendation and this completed form to the applicant in a sealed envelope with your signature across the envelop seal to ensure confidentiality. The applicant will include it as part of her or his application package.

If the applicant has chosen a **NON-CONFIDENTIAL** recommendation, please return your letter of recommendation and this completed form to the applicant.



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This page to be completed by person providing the recommendation

Name of person providing recommendation: _____

<i>Title</i>	<i>Department</i>	<i>Organization/Institution</i>
<i>Professional/Academic Relationship to Applicant</i>	<i>Phone Number</i>	<i>Email</i>

The above candidate is an applicant for a College of Mount Saint Vincent Noyce Scholar/Intern Award. College of Mount Saint Vincent would appreciate having your candid estimation of her or his potential to be a teacher in a high-needs urban or rural school district.

Letter of Recommendation: Please explain briefly, on the reverse or in an attachment, how you know this student, and why she or he demonstrates the academic background, leadership, and potential to teach math or science in a high-need school.

Please rate the applicant’s strengths and personal qualities below:

	Unable to Judge	Below Average	Satisfactory	Above Average	Superior
Scholarship					
Demeanor					
Oral Communication Skills					
Written Communication Skills					
Work Habits					
Sense of Responsibility					
Judgment					
Self-Confidence					
Interpersonal Skills					
Potential Leadership					
Organizational Skills					
Decision-Making Skills					

Signature: _____

Date: _____