

# Pioneer Alumni Association RECOMMENDATION FORM

APPLICANT \_\_\_\_\_  
Last Name
First Name
MI

**In what capacity have you known this applicant?**

Instructor       Employer       Advisor       Other: \_\_\_\_\_

**Please evaluate the applicant in the following areas:**

Area of Evaluation	Exceptional	Strong	Very Good	Good	Average
<b>INTELLECTUAL CAPACITY</b> Knowledge of chosen field of study or profession					
<b>COMMUNICATION SKILLS</b> Ability to express thought in writing and orally					
<b>POISE AND MANNER</b> Approach, bearing, and tact					
<b>JUDGEMENT</b> Reasoning skills and common sense					
<b>LEADERSHIP QUALITIES</b> Ability to inspire and direct others					
<b>POTENTIAL</b> Capacity for future development					
<b>SERVICE</b> Service to department or university					

Name of Evaluator (print or type) \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Other comments:

**Evaluator: Please answer all questions on this form and return to applicant**