EASTERN CONNECTICUT STATE UNIVERSITY

EDUCATION UNIT – Committee for Admission and Retention in Education (CARE)

UNDERGRADUATE RECOMMENDATION FORM

Name of applicant:							
Semester/Year:	_ Program:						
Confidentiality: I hereby waive my rights	s to review the	recommen	dations in n	ny CARE f	ile.		
Applicant's signature:				-			
Name of Person Making this Recommendation: Professional Relationship with Applicant (please check one of the following): Major Professor (Major: Liberal Arts Professor Professional Educator (not a professor of education) (Title:)	
Please rate the applicant on each of the qua "Significantly above avg." repres "Significantly below avg." repres	ents the HIGH	end of the	scale (i.e., a	applicant <u>ex</u>	cceeds expecta		
As compared to others, the applicant LEARNER ATTRIBUTES	Significantly above avg.	Above average	Average	Below average	Significantly below avg.	Not observed*	
Competence in reading/writing	0	0	0	0	0	0	
Critical thinking (oral/written)	0	0	0	0	0	0	
Intellectual capacity	0	0	0	0	0	0	
Comments:							
COMMITMENT TO LEARNING							
Capacity to accept and use new ideas	0	0	0	0	0	0	
Maturity and reliability	0	0	0	0	0	0	
Preparedness for class/work	0	0	0	0	0	0	
Enthusiasm for learning	0	0	0	0	0	0	
Comments:							
CHARACTER ATTRIBUTES							
Initiative and leadership	0	0	0	0	0	0	
Willingness to work with others	0	0	0	0	0	0	
Ability to communicate with others	0	0	0	0	0	0	
Concern and respect for others	0	0	0	0	0	0	
Openness to difference/diversity	0	0	0	0	0	0	
Comments:							
Signature:				Date:			

Eastern CT State Univ., Education Dept. Webb Hall, c/o CARE Coordinator, 83 Windham Road, Willimantic, CT 06226

^{*}Note: More than two ratings of "Not observed" will invalidate this recommendation