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:		

Email this completed form as an attachment to CARE@easternct.edu

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