Hoskins Global Scholars Program

Recommendation Form

TO BE COMPLETED BY THE APPLICANT:							
Scholarship applicant							
Referee							
Department			Email				
Under the Family Educational Rights and Privacy Act of 1974:							
I \square waive \square retain my rights of access to this recommendation and understand that the							
information provided will only be used for the purpose for which it was prepared.							
Signature	ignature Date						
TO BE COMPLETED BY THE RECOMMENDER:							
This student is applying for the Hoskins Global Scholars Program Scholarship, which provides funding for a summer international experiential learning opportunity that may include elements such as an internship, research project, or another kind of experience. Please discuss the student's proposal in depth before completing this form. All comments will be reviewed by the selection committee and will be treated in a confidential manner. Please evaluate the applicant according to the following criteria:							
	Exceptional	Above Av.	Average	Below av.	Poor	Don't know	
Intellectual ability							
Passion							
Communication skills							
Level of independence							
Adaptability							
Maturity							
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Signature Date							