

UNIVERSITY OF ST. THOMAS

Simon Cottrell International Studies Study Abroad Scholarship

Recommendation Form

| Part 1. To be completed by the app | licant | | | |
|------------------------------------------------------|----------------------------|---------------------|--------------------------|---------------------------------------------|
| Name | S | SN | | |
| Name I hereby waive my right to inspect and read the | nis confidential recomm | endation. | | |
| Signed | Γ | Date | | |
| Part 2. To be completed by respond | lent | | | |
| In what capacity and for how long have | ve you known the ap | plicant? | | |
| | | | | |
| Diagonate the applicant in the fallowing actor | anina in malation to attac | 1: 4/ 4 | | |
| Please rate the applicant in the following cate | Outstanding | Strong | Average | Weak |
| | o unsumumg | Strong | | |
| | Top 10% | Top 25% | 2 nd Quartile | 3 rd or 4 th Quartile |
| Motivation and initiative | | | | |
| Intellectual ability | | | | |
| Oral expression | | | | |
| Written expression | | | | |
| Working with others | | | | |
| Emotional maturity | | | | |
| Potential in field | | | | |
| In the space below, please provide any addition | | | | y other pertinent |
| information that may assist us in judging the | applicant. Please limit y | our comments to the | e space below. | |
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| | | | | |
| \square I strongly recommend \square I recomm | nend 🗆 I do not rec | ommend | | |
| Name | | Position | | |
| (please print) Affiliation | | | | |
| | | | | |
| Addressstreet | | - 10- | | |
| Signed | | city | state Date | zip |

DEADLINE: April 1, 2010

Please return to Center for International Studies, University of St. Thomas, 3800 Montrose Blvd., Houston, TX 77006