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| SMU Tower Scholars Program |
| RECOMMENDATION FORM |

# FOR THE STUDENT TO COMPLETE

**INSTRUCTIONS**

**Applicants:** For your application to be complete you need two recommendation letters (one must be from an SMU faculty member). Please complete a [Recommendation Release Form](http://www.smu.edu/TowerCenter/TowerScholars/Application) for each of your recommenders.

**Recommenders:** Please email this completed Recommendation Form to [TowerScholars@smu.edu](mailto:TowerScholars@smu.edu) no later than **5 p.m. CT**, **February 12, 2021**.

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**APPLICANT’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

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**ABOUT THE APPLICANT**

**How long and in what capacity have you known the applicant?**

**The Tower Scholars Program selection committee appreciates your comments regarding this applicant for acceptance into the SMU Tower Scholars Program. Please provide comments regarding this applicant’s strengths and weaknesses as related to future academic and personal achievement. If you wish to include a separate recommendation letter, please do so.**

**EVALUATION**

**Please rate the applicant in relation to his or her peers by placing an X in the most appropriate box.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Below Average | | Average | | Good | | Excellent | | Outstanding | | Unable to Judge |
|  |  |  | |  | |  | |  | |  | |
| 1. **Academic Promise** |  | |  | |  | |  | |  | |  |
| 1. **Independence** |  | |  | |  | |  | |  | |  |
| 1. **Leadership** |  | |  | |  | |  | |  | |  |
| 1. **Self-confidence** |  | |  | |  | |  | |  | |  |
| 1. **Academic performance** |  | |  | |  | |  | |  | |  |
| 1. **Perseverance/Follow-through** |  | |  | |  | |  | |  | |  |
| 1. **Maturity level** |  | |  | |  | |  | |  | |  |
| 1. **Communication Skills** |  | |  | |  | |  | |  | |  |
| 1. **Summary Evaluation** |  | |  | |  | |  | |  | |  |
|  |  |  | |  | |  | |  | |  | |

**RECOMMENDER’S INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | Last Name: |  | |
| Organization/Institution: | | |  | | | | |
| Position/Role: |  | | | | | | |
| Email Address: | |  | | **Phone Number:** | | |  |

# R THE STUDENT TO COMPLETE

**RECOMMENDER’S SIGNATURE**

**By signing this recommendation, I acknowledge that the information provided herein is an accurate and true reflection of my assessment of this applicant, and that this recommendation was written entirely by me.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: | |  | | *you may type your name in lieu of your signature* |
| Date: |  | |

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Please email the completed recommendation form to [TowerScholars@smu.edu](mailto:TowerScholars@smu.edu) no later than **5 p.m. CT**, **February 12, 2021**.