
Last Name First Name Middle Name Jr., III, etc

FAMU Student ID or SSN: _____ **Date of Birth:** ____/____/____

Please complete this form and we appreciate your candid evaluation of the student based on the questions provided. All comments will be confidential and used solely for the purpose of determining eligibility for admission.

<i>Academic</i>	Excellent	Good	Above Average	Average	Below Average
Self-Discipline					
Creativity					
Oral Communication					
Written Communication					
Attentiveness					
Organizational Skills					
Effort					
Motivation					

<i>Character and Personality Ratings</i>	Excellent	Good	Above Average	Average	Below Average
Personal Initiative					
Self Confidence					
Leadership					
Respect for Others					
Maturity					
Concern for Others					
Responsibility					
Overall Character					

I recommend this applicant Wholeheartedly Confidently With Reservation Do Not Recommend

Please tell us anything else you think we might want to know about this student. _____

Signature: _____

Print Name: _____ Date: _____

Title: _____ E-mail: _____

Telephone: (____) _____ Fax: (____) _____

School Name: _____

School Address: _____
Street City, State, Zip

Instructions for High School Counselors

- 1.) Please submit this completed recommendation form in a sealed envelope.
- 2.) Please have official transcripts sent to the Florida A&M University, Office of Undergraduate Admissions
- 3.) Please remind students to have test scores sent directly to FAMU by the testing agencies.