

2012-2013 Recommendation Form

Educational Opportunity Program • The California State University

Applicant's Name

Last First Initial Area Code Phone Number Social Security Number

Address

Number Street Apt. No. City State Zip Code

Campus Applying To

Term/Year

To the Student:

Complete the above information and give this form to a counselor, teacher, community member, employer, or any individual who can comment about your potential to succeed in college. **This form should not be completed by a family member or by the EOP Applicant. The EOP program requires two (2) recommendations.**

To the Individual Completing this Form:

The person whose name appears above has applied for admission to the Educational Opportunity Program (EOP) at a CSU campus. The EOP selection committee would appreciate you answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student's maturity, initiative, and academic potential to succeed in college. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. Please understand that your recommendation may be made available for inspection at the student's request pursuant to the Family Educational Rights and Privacy Act of 1974 and related laws and regulations.

Your Name Position

School/Organization Phone Number

Area Code Phone Number

Address

Number Street City State Zip Code

1. How long have you known the applicant? _____ years _____ months. Under what circumstances?

2. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	Outstanding	Above Average	Average	Needs Improvement
1. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1. Has positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Survives frustrating experiences, is tolerant of minor disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Name

Social Security No.

4. What qualities best describe this applicant?

5. To your knowledge, does this applicant have a historically disadvantaged background (i.e., low income for several years, first-generation college student, inner-city or migrant family)?

Yes No

Why?

6. Why do you believe this student qualifies for EOP, and what services or assistance would you recommend to help him/her to succeed in college?

7. Please discuss any barriers to achievement the applicant has faced. Do you believe they will affect his/her performance in college?

8. What is your assessment of the student's potential, motivation, or capability for undertaking college work and potential to succeed in college?

Signature _____ Date _____

Return this form to the EOP Office at the campus where the applicant is applying.

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