

# MSM S.T.E.A.M. Academy Recommendation Letter Form

To the recommender: Please fill in the following and email this form directly to Kyndra Stovall, [kstovall@msm.edu](mailto:kstovall@msm.edu)

Applicant's Name: \_\_\_\_\_

## Recommender Information:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address or School affiliation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

2. Please rate the applicant in the following categories:

	Excellent (top 5%)	Very Good (top 15%)	Good (top 25%)	Fair (top 50%)	Weak (lower 50%)	Not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation and respect						
Writing skills						
Speaking/ presentation skills		Not recommended				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_