



**NSU/TCC**  
**Science & Technology Scholarship**  
**Faculty Recommendation Form**  
 Please Print or Type all Information



To be completed by applicant:

Name: \_\_\_\_\_  
 Student ID or Social Security Number: \_\_\_\_\_

I  do  do not waive my rights to examine this application form. If you do waive your rights, the TCC faculty member should place this form in a sealed envelope with your name on the front and sign the back of the envelope.

To be completed by TCC Faculty member:

How long have you known this applicant? \_\_\_\_\_  
 In what capacity: (Circle) Instructor Academic Advisor Other: \_\_\_\_\_

Among other students you have taught, how do you rank the applicant's:

1. Oral Communication Skills	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
2. Written Communication Skills	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
3. Initiative	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
4. Computer Skills	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
5. Research Experience	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
6. Career Aspirations/Goals	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
7. Ability to Work in a Team	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
8. Ability to Work Independently	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe
9. Relationship to Others in Department	Exceptional (top 3%) Good (top 60%)	Excellent (top 10%) Poor or inadequate	Very Good (top 40%) Not able to observe

If you have anything additional to express about this student, please write them on the back of this form or make a separate attachment. Check  if there is any additional information.

PRINT NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_