



PROFESSOR RECOMMENDATION FORM

Please give specific reasons for recommending this student in addition to the information requested below.

_____ is being recommended to participate in Collegiate 100 Career Pipeline Program.

Student's Name

Does this student intend to pursue post-secondary education? Yes No

Academic Ability and Achievement:

How would you rate the student as to academic ability and motivation based on the following measurements?
Poor Below Average Average Above Average

Academic Ability: _____ Motivation: _____

Class Attendance: Regular Irregular

To your knowledge, has the student had any social, physical (health) or psychological problems?
 Yes No

If yes, please explain: _____

Please give specific reasons for recommending this student and provide any additional information that will assist us in assessing the student's personal and academic qualities as a potential participant.

Professor's Signature _____ Date _____

Department _____ Email _____