Anderson Grant Faculty Recommendation Form All recommendations are confidential and will not be shared with the student

Please return to Romy Corona via email (<u>rcorona@oxy.edu</u>)

Da	te:					
Stu	ıdent Nam	ne:				
Recommender Name:						Department:
In						? Make "X" for all that apply:
	_ Acad	lemic A	Advisor			
_	Had	student	in one	class		
	Had student in more than one class					
Worked or supervised a prior project or internship						
Other (specify)						
Please answer the below questions. You can circle, bold, or underline your choice.						
1.	. Rate the student's academic abilities:					
	Weak 1	2	3	4	5	Exceptional 6 7
2. Rate the student's preparation for the proposed project:						proposed project:
	Weak 1	2	3	4	5	Exceptional 6 7
3.	Rate the student's ability to meet expectations and follow through on commitments:					
	Weak 1	2	3	4	5	Exceptional 6 7

4. Rate the academic and intellectual merit of student's proposal (their reason for needing the Anderson Fellowship):

5. (Required) Please provide additional comments or insights about the student, including the merit of their proposal, how it fits for their academic career, and their preparation and ability to follow the project to conclusion.