Applicant’s Full Name: ____________________________________________________________

Name of Evaluator: __________________________ Title: ______________________________

Evaluator: Please comment below on your perception of this student in relation to his/her academic performance. Please elaborate on any other attributes (strengths and weaknesses), which you feel is appropriate.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of Evaluator

Date

Title and Department: ______________________________________________________________

Institution/Organization: __________________________________________________________

Under the provision of the Family Educational Rights and Privacy Act of 1974, the applicants may have access to his/her recommendation unless he/she waives the right to do so by signing below.

I hereby waive my right to this recommendation and ask that it be written as a confidential statement.

________________________________________________________
Signature of Applicant

Date

Return to: Margaret A. Garcia • Pipeline Program • P.O. Box 20243 • Savannah, GA. 31404