

NSF-CSEMS Recommendation Form

THIS SECTION MUST BE FILLED OUT BY THE APPLICANT BEFORE GIVING THIS FORM TO THE PERSON WRITING THE RECOMMENDATION (RESPONDENT). IF MAILING THE RECOMMENDATION, A STAMPED ENVELOPE WITH THE ADDRESS BELOW SHOULD BE PROVIDED TO THE RESPONDENT.

Applicant Name: _____
First Middle Last

Applicant UTD Email address: _____ [@utdallas.edu](mailto:_____@utdallas.edu)
UTD NetID

IN COMPLIANCE WITH THE FEDERAL PRIVACY RIGHT OF PARENTS AND STUDENTS (BUCKLEY AMENDMENT), ANY RECOMMENDATION OR LETTER (THAT BECOMES A PART OF THE RECORD FOR ENROLLED STUDENTS) WILL BE AVAILABLE TO THE STUDENT, UNLESS THE STUDENT HAS SIGNED A WAIVER OF THE STUDENT'S RIGHT OF ACCESS. IF YOU WISH TO WAIVE YOUR RIGHT OF ACCESS TO THIS LETTER, PLEASE SIGN.

SIGNATURE: _____ DATE: _____

**THE REMAINDER OF THIS FORM TO BE COMPLETED BY PERSON MAKING RECOMMENDATION
 RETURN THIS FORM TO THE APPLICANT OR MAIL IT TO THE FOLLOWING ADDRESS:
 NSF-CSEMS Scholarship
 Financial Aid Office
 The University of Texas at Dallas
 PO BOX 830688, Mail Station MC12
 Richardson, TX 75083-0688**

A) KNOWLEDGE OF THE APPLICANT

1. Approximately how long have you known the applicant? _____ YEARS _____ MONTHS
2. How well do you feel you know the applicant? Casually Well Very Well
3. What was the nature of your contact with the applicant? (check all that apply)
 Teacher in one class Teacher in more than one class Employer
 Other (Specify) _____

B) EVALUATION OF THE APPLICANT (Please check the appropriate box)

	Exceptional	Above Average	Average	Below Average	No Information
Quality of Previous Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Success Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) OVERALL RECOMMENDATION: VERY STRONG STRONG AVERAGE NONE

D) ADDITIONAL COMMENTS (Please use the reverse side of this form or attach separate letter)

RESPONDENT SIGNATURE _____ DATE _____

RESPONDENT NAME _____ TITLE _____

INSTITUTION _____ PHONE _____

With few exceptions, you are entitled at your request to be informed about the information UTD collects about you. Under Sections 552.021 & 552.023 of the TX Govt. Code, you are entitled to receive and review the information. Under Section 559.004 of the TX Govt. Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.