

FACULTY RECOMMENDATION FORM

P L E A S E P R I N T

To be completed by the applicant:

Name _____

Social Security Number _____ - _____ - _____

I hereby _____ waive _____ do not waive the right to examine this evaluation.

Applicant Signature _____ Date _____

TO THE EVALUATOR: The National Science Foundation (NSF) grant offers scholarships to qualified Math or Computer majors. The purpose of the scholarship is to provide talented, economically disadvantaged students with the opportunity to pursue full-time study toward their degree programs while lessening their dependence on work. The program also seeks to increase the number of underrepresented Math or Computer students who complete degree programs and pursue graduate education in related fields of study. Please give an honest appraisal. Thanks.

Via email, please send this form to svaidya@mercy.edu and cli2@mercy.edu OR

Via regular mail, please send this form to :

***Dr. Vaidya and Dr. Li
NSF S-STEM Scholarship Program Co-directors
Dept of Mathematics and Computer Sciences
School of Liberal Arts
Mercy College, 555 Broadway, Dobbs Ferry, NY 10522***

1. How long and in what capacity have you known the applicant?

2. Please compare the applicant's attributes/skills with other students you have known.

Attribute/Skill	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis To Judge
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation/Initiative					
Performance in Major					
Emotional Maturity					
Dependability					
Creativity					

Open-Mindedness					
Potential for Graduate Work					

3. Recommendation for scholarship (check one only)

_____ recommend with confidence

_____ recommend

_____ recommend with reservation (please explain in item 4 below)

_____ do not recommend (please explain in item 4 below)

4. Please provide any additional comments and/or assessments of the applicant's potential in graduate school or a career. Include particular strengths and weaknesses.

Evaluator's Name (print) _____ College _____

Position/Title & Dept _____

Signature _____ Date _____

Dr. Vaidya and Dr. Li
Phone: 914.674.7536
Fax: 914.674.7516
Mercy College