COLLEGE of CHARLESTON

MULTICULTURAL STUDENT PROGRAMS AND SERVICES

The 2013 SPECTRA Program
Employer, Coach, Mentor or Community Member
Recommendation Form #2

To the applicant

Please complete the top section of this form and submit it to your employer, coach, mentor, or community member. After the form is completed, it should be returned to you in a sealed envelope with their signature across the back of the envelope. This form must accompany your application. **Please print or type.**

Applicant's Name: _____ _____ _____
Last First MI

Home Address: _____

_____ _____ _____
City State Zip Code

Name of High School: _____

Name of person completing this form: _____

To the Employer, Coach, Mentor or Community Member

The student named above is applying to the SPECTRA Summer Academic and Transition Program. Due to the fast-paced nature of the summer term, we can select only those students who demonstrate the intellectual and social maturity required to meet the challenges of a demanding college and residential experience. ***Please be candid in your responses***. We will use this recommendation only for the **SPECTRA Summer Academic and Transition Program** admission purposes; it will not become part of the applicant's educational record, and will remain confidential.
The application deadline is **May 1, 2013** for all students. If you have any questions, please call (843) 953-5660.
Thank you for your cooperation. **Please type or print.**

What is your relationship to the applicant? _____

How long have you known the applicant? _____

In what capacity?_____
_____
_____

How does the applicant deal with the responsibilities and problems of a demanding schedule?
___ With a high degree of control and maturity
___ With an average degree of control and maturity
___ In a below average that indicates a lack maturity

Please explain:

_____
_____
_____
_____

Summarize the reasons why you think the applicant would benefit from the SPECTRA summer academic and transition program at the College of Charleston.

_____
_____
_____
_____
_____
_____

Please rate the student in the following categories based on a scale of **1-5** with **5** being the highest:

1- Poor 2- Fair 3- Average 4- Above Average 5- Excellent

Qualities	Rating	Comments
Academically prepared for college level work		
Study Skills		
Character & Integrity		
Ability to assume responsibilities		
Leadership skills		
Possesses Positive Attitude		
Ability to work well with diverse groups		
Respect for authority		
Ability to cope with demands of program		
Conduct/Disciplinary		

Summary Evaluation. Please indicate your overall recommendation for this applicant.

❑ Highly recommended ❑ Recommend ❑ Recommend with reservation ❑ Do not recommend

Other Comments:

_____ _____
Signature Date

Name _____ Title _____
Organization _____
Organization Address _____
City _____ State _____ Zip_____
Telephone: ( )_____ Email _____