

2010-2011 Transfer Scholarship Recommendation

TO BE COMPLETED BY APPLICANT (Please type or print clearly)

Name _____ Tech ID: _____
last first middle

TO BE COMPLETED BY COLLEGE TEACHER / ADVISOR / ADMINISTRATOR. INDIVIDUAL RECOMMENDATION LETTERS ARE ALSO ACCEPTABLE.

In comparison with other students, please rank the applicant with respect to the following: (circle one)

	Low		Average			High		No Information
Intellectual ability	1	2	3	4	5	6	7	_____
Initiative	1	2	3	4	5	6	7	_____
Responsibility	1	2	3	4	5	6	7	_____
Classroom participation	1	2	3	4	5	6	7	_____
Extracurricular involvement	1	2	3	4	5	6	7	_____
Leadership	1	2	3	4	5	6	7	_____
Ability to work with peers	1	2	3	4	5	6	7	_____

What are the applicant's strongest characteristics and abilities?

What are the applicant's limitations?

Describe how long and how well you have known the student as the basis for making your recommendation. Also include any other factors which you believe should be considered in our evaluation.

Recommendation completed by: (please print) _____

Title: _____ College: _____

Signature: _____ Date: _____

Postmark Deadline: March 15, 2010
 Please return this letter of recommendation to:
 Office of Admissions
 Minnesota State University, Mankato
 122 Taylor Center
 Mankato, MN 56001
 Fax: 507-389-1511