University of Colorado Denver

School of Education & Human Development

One form should be given to each recommender.

_____

Last (family) Name | First Name | Middle | Maiden Name (optional)

is applying for a scholarship from the **University of Colorado at Denver and Health Sciences Center (UCDHSC) School of Education and Human Development** and has asked you, in your role as the student's academic advisor or other faculty member, for a letter of recommendation to support his or her scholarship application. Your letter of recommendation will be included in the student's scholarship application submission, and reviewed by the School of Education and Human Development's Scholarship Committee during their selection process.

We solicit your candid assessment of the student's range of abilities and accomplishments, and creative and intellectual promise. On the back of this form, or on your own stationary, please summarize your opinion of (a) the quality of the student's academic achievements; (b) the student's current leadership roles and responsibilities; and (c) the student's service in the community (specifically if the student is working with underserved and diverse learners who have limited access to educational opportunities). Please include any additional information – including knowledge of financial need – you believe will help the Scholarship Committee during their selection process. We would appreciate knowing the extent of your contact with the student and any special opportunities you may have had to observe him or her.

Summary Evaluation

Compared with the _____ students you have known in the past _____ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when assessed for:

a. Academic achievements

0___ 10___ 20___ 30___ 40___ 50___ 60___ 70___80___ 90___ 100___ Percentile

b. Leadership activities

0___ 10___ 20___ 30___ 40___ 50___ 60___ 70___80___ 90___ 100___ Percentile

c. Community service

0___ 10___ 20___ 30___ 40___ 50___ 60___ 70___80___ 90___ 100___ Percentile

Advisor's/Faculty Member's Signature _____

Name Printed or Typed _____

Date _____

Advisor/Faculty Member, please return the form and letter **TO THE STUDENT**, in a sealed envelope.
Please direct all questions to the School of Education and Human Development Student Services Center:
LSC 701, 303-315-6300 or education@cudenver.edu.