

SECTION 1 — TO BE COMPLETED BY APPLICANT

Name _____
Last Name
First Name
Middle Initial

Intended Major _____ Term of Entry _____

I have submitted an application for undergraduate admission to Florida Tech. I understand that this recommendation is confidential and will not be released either to myself or a third party, and will be used only in the evaluation of my application. I hereby understand and agree to the use of this recommendation for admission evaluation.

Signature of Applicant _____

SECTION 2 — TO BE COMPLETED BY RECOMMENDER

The student named above is applying for admission to Florida Tech. We are interested in your honest and candid appraisal of his/her academic abilities, quality of his/her work and your evaluation of his/her potential to succeed in an academically challenging curriculum. Your evaluation is important and will be an integral element in our decision process.

Recommender please return this form as soon as possible to:

Name _____
 Phone _____ E-mail _____
Please Attach Your Business Card

Florida Institute of Technology
 Office of Undergraduate Admission
 150 W. University Blvd., Melbourne, FL 32901
 Phone (321) 674-8030 • Fax (321) 674-8004 • E-mail: admission@fit.edu

	WELL BELOW AVERAGE	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	WELL ABOVE AVERAGE	CANNOT COMMENT
Creative Original Thought						
Motivation						
Perseverance						
Independence/Initiative						
Problem Solving/Critical Thinking						
Academic Achievement						
Analytical Ability						
Effective Class Discussion						
Disciplined Work Habits						
Potential for Growth						
Participation in Group Exercises						

Additional Comments *(use reverse side if necessary)* _____

Academic Recommender (guidance counselor, teacher): Please attach an evaluation, written on letterhead, of this student's quality of academic work and potential to succeed in an academically challenging curriculum. Also indicate any areas of strength, weakness or room for improvement. Please include a description of your affiliation with the student and for how long.

Non-Academic Recommender (coach, employer, other): Please attach an evaluation, written on letterhead, of this student's potential to succeed in an academically challenging curriculum. Also indicate any areas of strength, weakness or room for improvement. Include a description of your affiliation with the student and for how long.

Signature of Recommender _____ Date _____

Confidentiality: This form will be retained in the student's file only for the admission period. Once the applicant has matriculated, this form and all such materials will be destroyed. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, but they will not include forms such as this. Florida Institute of Technology does not provide access to admission records to applicants, students who are denied admission or students who decline an offer of admission. These university policies may be of assistance to you as you complete this form.

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