

Applicant Information

Health and Social Justice Scholars

Health Sciences Center Office of Diversity and Inclusion

ACADEMIC RECOMMENDATION FORM

- Recommenders must be an appropriate academic official with oversight of the applicant's academic program such as the Dean of Student Affairs or Academic Department Chair.
- Your input is appreciated. Please complete the information below and provide additional comments in a separate letter of recommendation.
- Submit the completed form and letter of support to hscodi@louisville.edu, by March 31, 2019 with the subject: "HSJS Letter of Support: Applicant Name."

Name:					
Recommender Infor	mation				
Name:					
Title:					
Dept.:					
School:					
Email:			Phone:		
Signature:					
Rate the applicant i	n the followin	g categories c	ompared to othe	er students y	you've worked with.
Academic Ability	Excellent	Good	☐ Average	Poor	Unable to rate
Work Ethic	☐ Excellent	Good	☐ Average	☐ Poor	☐ Unable to rate
Interpersonal Skills	☐ Excellent	Good	☐ Average	☐ Poor	☐ Unable to rate
Maturity	☐ Excellent	Good	☐ Average	☐ Poor	☐ Unable to rate
Professionalism	☐ Excellent	Good	☐ Average	Poor	☐ Unable to rate
Verbal Communication	Excellent	Good	☐ Average	Poor	☐ Unable to rate
Writing Skills	Excellent	Good	☐ Average	Poor	Unable to rate
Compassion for others	Excellent	Good	☐ Average	Poor	Unable to rate
Interest in Social Justice	Excellent	Good	Average	Poor	☐ Unable to rate
Overall, I recommen	_	t:	☐ With reserva	tion	☐ I do not recommend

Please attach a letter of support with additional comments.