

Applicant Information

Health and Social Justice Scholars

Health Sciences Center Office of Diversity and Inclusion

ADDITIONAL RECOMMENDATION FORM

- Recommenders must be an individual who can evaluate and comment on the applicant's displayed commitment
 and interest in community engagement, service, and social justice activities.
- 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 with the subject: "HSJS Letter of Support: Applicant Name."

Name:				_	
Recommender Info	rmation				
Name:					
Title:					
Organization:					
Email:			Phone:		
Signature:					
Rate the applicant in the following categories compared to other students you've worked with.					
Reliability	☐ 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
Commitment to Diversity	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 recommend this student: □ Enthusiastically □ Without Reservation □ With reservation □ I do not recommend					

Please attach a letter of support with additional comments.