**Hofstra University GEOTeams Research Program**

**Confidential Faculty Recommendation Form**

**Appraisal of (Student Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appraiser (Faculty Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your confidential appraisal of the student named above is requested as part of the Program evaluation of the student’s qualifications for acceptance into Hofstra University’s GEOTeams Research Program. The appraisal is in two parts; first, your rating of the student on specific traits and abilities; second, your overall evaluation of the applicant.

**Rating of Traits and Abilities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Superior | Good | Average | Poor | Unable to Evaluate |
| Academic potential |  |  |  |  |  |
| Industry and application |  |  |  |  |  |
| Oral expression |  |  |  |  |  |
| Written expression |  |  |  |  |  |
| Laboratory ability |  |  |  |  |  |
| Manual dexterity |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Ability to work alone |  |  |  |  |  |
| Reliability and responsibility |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Social maturity |  |  |  |  |  |

What group are you using as a comparison for this student?

**Overall Evaluation:** Please include a brief description of the applicant including their strengths and weaknesses and any personal information you feel would assist the committee in their evaluation. Please attach this letter to your email of the form above, or use the text box on the next page.

Please return the completed forms in a signed and sealed envelope to your student so they may include them with their application, or email directly to **GEOTEAMS@hofstra.edu**.

Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appraisal of (Student Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appraiser (Faculty Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the space below please provide a brief description of the applicant including their strengths and weaknesses and any personal information you feel would assist the committee in their evaluation.