

STARS Program stars@cpp.edu Recommendation Form

This section is to be completed by the recommender. Please enter the information for the student you are recommending below.

Student Name:						
Student Field of Study:						
This section is to be completed directly to the STARS Programment on line stars@cpp.edu.	am by <i>Apri</i>			•	·	
Recommender: What is your to the proposed STEM program of (X) under your selection. Summary Evaluation:						
Compared to a representative group of students in the same field with the	Below Average	Average	Above Average	Good	Outstanding	Unable to Judge
same amount of experience and training, how does this applicant rate in the following areas?	Lowest 40%	Middle 20%	Next 15%	Next Higher 15%	Highest 10%	
Academic aptitude and potential for research work:						
Potential for effective faculty mentor-student relationship:						
Motivation and commitment for the proposed program of study and research project:						
						
Recommender Signature		Recommender Title		Recommen	der Institution (if	applicable)
Recommender Name		Date		_		