
Ohio Space Grant Consortium
2019-2020 FELLOWSHIP APPLICANT
RECOMMENDATION FORM

Reviewer: *Please seal the recommendation form in an envelope, sign across the seal, and return to the applicant for submission.*

Name of **Applicant**

Name of **Evaluator**

Last

First

Initial

Major _____

Title _____

Discipline _____

Department _____

University _____

⇒ Applicant should complete information above this line. ⇐

ACQUAINTANCE WITH APPLICANT:

1. I have known the applicant for _____ years and/or _____ months.

2. I have known the applicant as:

An undergraduate student

A graduate student

An employee

Other (specify) _____

3. I have served as the applicant's:

Instructor in several classes

Instructor in one class

MS Thesis Advisor

Department Chairman

Work Supervisor

Other (specify) _____

4. **APPLICANT'S ACADEMIC ABILITY:** In comparison with a representative group of students (or employees) who have approximately the same education and experience, how do you rate the applicant in GENERAL ALL-AROUND ABILITY?

Truly Exceptional. Equivalent to the very best that you have known.

Outstanding. Comparable to the best student in a current class. Highest 5%.

Unusual. Next highest 5%.

Above Average. Ability easily identifiable. Upper 20%.

Average. Probably able to complete work to the PhD degree. Upper 50%.

Below Average. Lower 50%.

Please complete the next page.

Applicant's Name _____

Ohio Space Grant Consortium

5. **WRITTEN EVALUATION:** In the space below, please describe in some detail the applicant's abilities. In particular, comment on the applicant's potential as a Space Grant Fellow and as an engineer or scientist including, where possible, major academic strengths and weaknesses, versatility, performance in, or ability for, independent study and research. Would you accept the applicant into your graduate research activity? We are particularly interested in the student with high potential that may not be reflected in the overall undergraduate grade point average. Please be specific in discussing the qualifications of such a student. Your comments here are of particular importance in the selection process. *(If a separate sheet is used for this evaluation, please clearly indicate the applicant's name.)*
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CONFIDENTIALITY: Before signing this report you should check one of the two blocks below. If you wish to have comments held in confidence so as to not reveal your identity as their author, you should check Block A. If Block A is checked, the Ohio Space Grant Consortium will honor your request to the extent permitted by law, under the Privacy Act of 1974.

- A My preparation of this Reference Evaluation **is conditioned** upon the promise of OSGC to hold my identity as author of these comments in confidence.
- B My preparation of this Reference Evaluation **is not conditioned** upon the promise of OSGC to hold my identity as author of these comments in confidence.

Signature of Evaluator _____

Date _____

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