

Scholarship Letter of Recommendation

To be completed by applicant (print or type):

Name: _____ CSUN Student ID: _____

CTVA Option: _____ Anticipated date of graduation: _____

Applicant's Rights: I understand my rights under the Family Education Rights and Privacy Act of 1974, and any of the other laws regulations, or policies.

I agree to waive access to this recommendation ____.
 I do not agree to waive access to this recommendation ____.

Date: _____ Signature: _____

To be completed by recommending Professor and sealed in a CTVF envelop.

To the Professor (or Full-Time Faculty Member) - Please rate the student who is applying for a Scholarship:

| | Not Applicable | Below Average (1) | Average (2) | Above Average (3) | Excellent (4) | Exceptional (5) |
|-------------------------------------|----------------|-------------------|-------------|-------------------|---------------|-----------------|
| 1. Academic Ability | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. Dependability | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. Class Attendance | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. Writing Skills | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. Service to the Dept. | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. Service to the Community | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. Dedication to the Field/Industry | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. Creative Ability | _____ | _____ | _____ | _____ | _____ | _____ |

Written Recommendation – On the back of this page, or on attached page(s), please comment on the student's character, quality of previous work and promise of productive scholarship.

How long have you known the student? _____ In which classes? _____

Professor's name (please print): _____

Date: _____ Signature: _____