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| --- | --- |
| **Applicant Name:** | (please add your name to the header as well) |
| **CSULB ID:**  |  |
| **Faculty Name:** |  |
| **Title:** |  |
| **Institution:** |  |
| **Email:**  |  |

**Dear Reference/Recommender,**

You have been selected to act as a reference and provide a recommendation to the CSULB HSI STEM STEP into STEM Program. This program aims enrich students’ mathematical skills while facilitating their successful transition to a STEM baccalaureate program at CSULB. The HSI STEM Program staff depends on and appreciates your careful appraisal of the below named student’s potential. Briefly respond to the questions listed below. You may also address these questions in a separate letter. **\*If providing a separate letter, please jump to number 6 and submit your recommendation on the applicant.**

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| --- |
| 1. **How long and in what capacity have you known this student?**
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|  |
| 1. **In your view, what qualities of this student make him/her a good candidate for our program?**
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|  |
| 1. **What are this student’s principal areas of strengths?**
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|  |
| 1. **What are this student’s principal areas of weaknesses?**
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|  |
| 1. **What is your overall evaluation of this student’s potential for development into a successful researcher in her/his chosen field?**
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| 1. Please evaluate the student listed above by completing the following information:
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|  | Outstanding(highest 5%) | Very Good(highest 25%) | Average(upper 50%) | Below Average(lowest 25%) | Extremely Low (lowest 5%) | NoBasis to Evaluate |
| Academic potential | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Motivation to learn | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cooperation in group work | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to work independently  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to overcome obstacles and challenges | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Oral communication skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Emotional maturity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Overall maturity level | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Determination | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- | --- | --- | --- |
| **Name:** |  | **High School:** |  |
| **Email:** |  | **Phone:** |  |

**SUBMISSION:**

Submit this form and your recommendation letter (if applicable) electronically to HSI-stem@csulb.edu  **by April 21, 2018**. Please DO NOT return this form to the student. Thank you for your time.