



TO THE PROGRAM APPLICANT: Please print or type your name, address, and the name of the person you have asked to provide the recommendation. Please ask two professional individuals to complete the Recommendation Form. The letters of recommendation should be from your science, math, health or social science instructors who can comment on your academic performance.

PART VII – RECOMMENDATION FORM (Students make sure you fill in this part)

Students Name: *(Last, First, MI)* _____

Students Mailing Address: _____ City: _____ State: _____ Zip: _____

Students Phone#: _____ Email Address: _____

Recommender's Name: _____ Department: _____

TO THE RECOMMENDER:

The applicant named above is applying for a position as a student intern in the Summer Research Enhancement Program. The purpose of the 10-week program is to develop interests and skills among Native American freshman and sophomore college students in public health prevention research.

Please complete the information requested on this form. Your comments will be kept completely confidential. Your candid completion of this recommendation is greatly appreciated.

Send recommendation letter to: SREP@dinecollege.edu

How long and in what capacity have you known the applicant? _____

	Accomplished in this area	Does well in this area	Performs adequately in this area	Requires reinforcement in this area	Not observed
Intellectual & Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

