Indiana University of Pennsylvania
Scholarships-Creating Opportunities for Applying Mathematics (S-COAM) Scholar Program
Recommendation Form (Due: May 6, 2011)

Student ID	Applicant's Name (Last, First, Middle Initial)	E mail	Phone

Address

Optional: If admitted, I understand that I have the right to inspect my file upon request under the conditions outlined in the Family Educational Rights and Privacy Act of 1974.

___I do give up the right of access to this recommendation. **___I do not give up the right of access to this recommendation.**

Applicant's Signature _____ Date _____

Name of Recommender	Title of Recommender

The section below is to be completed by the recommender. Recommender should return to the S COAM program in a sealed envelope with signature over the seal.

The S-COAM Scholar Program encourages low-income students to enter programs in mathematics. S-COAM scholars will receive financial support based on their needs as well as the mentoring and networking opportunities in STEM disciplines. The person named above has applied to the S-COAM program and has asked you to evaluate her/his academic potential. Please help us assess the promise and motivation of this student by completing this form and returning it to S-COAM office. Thank you for your prompt cooperation.

1. **The applicant has taken: ____ none of my classes ____one of my classes ____ two or more of my classes**

2. **Please rate the applicant in each attribute/skill listed below compared to other students with whom you have worked.**

Attributes/Skills	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to Judge
Intellectual Ability	_____	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____	_____
Teamwork Ability	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Research Ability	_____	_____	_____	_____	_____	_____
Critical Thinking Ability	_____	_____	_____	_____	_____	_____

3. **I would rank this applicant in the top ____% of the approximately _____ students I have taught within the last five years.**

4. **What are the applicant's greatest strengths and weaknesses with regard to academics, research ability, or other characteristics relative to academic or career success?**

5. Recommendation concerning selection for the program (check one):

___ **Strongly Recommend** ___**Recommend** ___ **Recommend with Reservations** ___**Do Not Recommend**

6. Please comment on the potential ability of the applicant in any areas you believe relevant to the program.

Recommender's Signature: _____ **Date:** _____

Recommender's Name (Please Print): _____

Position: _____

Business Phone :_____

Business Address: _____

_____

Return to the S-COAM program in a sealed envelope with your signature over the seal.

S-COAM Program
Attn: Dr. Yu-Ju Kuo
Mathematics Department
Indiana University of Pennsylvania
210 S. 10th St.
Indiana, PA15705