



Wells College

Wells in Florence Recommendation Form

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Printed Applicant's Name _____

Applying for the: Fall Semester 20____ Spring Semester 20____ Full Academic Year 20____ - _____

Name of Academic Reference _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it is prepared. Yes No

To the Academic Reference: The above named student is applying for admission to the Wells in Florence Program. Your evaluation of the applicant's candidacy is essential for her/his acceptance into the program. If you prefer to respond in the form of a letter, please feel free to do so. **Please write any additional comments you would like to make about the applicant on the back.**

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

2. On a scale of 1 (low) to 5 (high), how would you rate the applicant's

Academic performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to take initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Intellectual curiosity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work in a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. How do you rate (1-5) the applicant's maturity and emotional stability?

Intellectual maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Social/emotional maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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4. How do you expect the applicant to adapt to educational and cultural differences?

5. If you were responsible for a study abroad program, would you be eager to accept the applicant? Why or why not?

6. I strongly recommend the applicant
 I recommend the applicant
 I recommend the applicant with reservations
 I do not recommend the applicant

Name and Title _____ Signature and Date _____

Institution _____ Email _____

**Please submit your recommendation to:
Wells in Florence Program
Wells College, 170 Main Street, Aurora, NY 13026
May be sent electronically to: florence@wells.edu**