

**THE SAGE COLLEGES
STUDENT LEADERSHIP RECOMMENDATION FORM**

Name of Applicant: _____

Under the Educational and Family Rights and Privacy Act of 1974, I do ____ (or) do not ____ waive my right of access to this form.

Signature of applicant: _____ Date: _____

Please list all positions that you are applying for: _____

Please rate the applicant, with regard to the qualities below, by using the following scale:

- | | |
|---|--|
| <input type="checkbox"/> leadership potential | <input type="checkbox"/> consistency |
| <input type="checkbox"/> self-motivation | <input type="checkbox"/> organizational skills |
| <input type="checkbox"/> attitude | <input type="checkbox"/> verbal communication skills |
| <input type="checkbox"/> interpersonal skills | <input type="checkbox"/> team player |
| <input type="checkbox"/> sincerity | <input type="checkbox"/> academic performance |
| <input type="checkbox"/> responsibility/reliability | |

4: Excellent
3: Above Average
2: Average
1: Below Average
N/A: Not known/Unable to Evaluate

Please indicate the length of time and context in which you have known or worked with the student.

Please describe specific qualities and characteristics which might make the applicant especially valuable for the position(s) checked above.

Do you have any concerns about this applicant's ability to successfully handle this position?

YES or NO

If yes, please explain your concerns below:

Name and Title of person making recommendation:

Signature: _____ Date: _____

Please return this form by Friday, February 20, 2008 to the Office of Student Development in Troy, Cowee II.