

RECOMMENDATION FORM

Community-based Research Education in Eastern Kentucky (CREEK)

Name of Reference: _____

Title: _____

Address: _____

Phone Number: () _____

Email: _____

How long have you known the applicant? _____

What is the nature of your association with the applicant? _____

Please use the following scale to evaluate the applicant's abilities.

3=Exceptional Ability	2=Average Ability	1=Poor Ability	0=Insufficient Information
		<u>Circle one</u>	
Applicant's academic potential		3 2 1	0
Applicant's research skills		3 2 1	0
Applicant's self-directed learning skills		3 2 1	0
Applicant's ethical development		3 2 1	0

1. Describe the strengths, specialized skills, or any other ability that might contribute to the student's success in this program.

2. Describe any potential obstacle the applicant might have in completing this program.

3. Please provide any other comments you believe to be pertinent to this application.

*AN APPLICANT FOR ADMISSION SHALL NOT BE DISCRIMINATED AGAINST
BECAUSE OF RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION,
MARITAL STATUS, NATIONAL ORIGIN, AGE OR BELIEFS.*