

# Roberts Fellowship Recommendation

Roberts Fellowship Program  
Office of the President  
Saginaw Valley State University

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For Applicant Completion

\_\_\_\_\_ Application for \_\_\_\_\_  
Name of Applicant Roberts Fellowship Semester/Year

(Optional) I waive my right of access to any information provided to you by:

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Name of Recommender

**Note to Recommender:** The person named above is applying for admission to the Roberts Fellowship Program, which supports the development of leadership in academically superior students through seminars and international study opportunities. The applicant has requested that your evaluation be included as part of the information on which an admission decision will be based. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived as by the statement above.

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For Recommender Completion

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What do you consider to be the most characteristic strengths and/or talents of the applicant?

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(OVER)

How does the applicant compare in the following qualities to others under your supervision, and/or with your impression of applicant's potential for distinction in his or her chosen field?

	Outstanding (Top 1%)	Strong (Top 5%)	Very Good (Top 10%)	Insufficient Information
Intellectual Ability				
Leadership Potential				
Personal Maturity				
Ability in Oral Expression				
Imagination and Creativity				
Flexibility, Adaptability				
Reading, Writing, Analytical Skills				

Please comment on the above and make any additional statements about the applicant which would help the Roberts Fellowship committee make its recommendation. (If you prefer, a letter may be submitted.) Please bear in mind that we receive over 100 applications from well qualified candidates for 12 positions.

I understand that the applicant may have access to his information unless the waiver statement on the front of this form has been signed.

\_\_\_\_\_  
 Recommender's Signature

\_\_\_\_\_  
 Date

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please return this form by February 29, 2008 to:

Professor Drew Hinderer, Chair  
 Roberts Fellowship Program  
 Office of the President  
 Saginaw Valley State University  
 7400 Bay Road  
 University Center, MI 48710-0001