

**FACULTY RECOMMENDATION FOR OFF-CAMPUS LEARNING**

**Part A: To be completed by student**

Term/Year for which you are applying: Fall/20 \_\_\_\_\_ Spring/20 \_\_\_\_\_ Summer/20 \_\_\_\_\_

Applicant Name \_\_\_\_\_  
First Name Middle Name Last Name

Off-Campus Learning Program \_\_\_\_\_

Student CCAD ID # \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and sign in the space provided so that the reference will be advised of your choice.

\_\_\_\_\_ Confidential file. I grant permission for this letter of recommendation to be held confidential by CCAD.

\_\_\_\_\_ Open file. I would like to have letters of reference available to me if I request access.

\_\_\_\_\_  
Signature of Applicant Date

**Part B: To be completed by faculty member**

1. Knowledge of applicant (select all that apply):

\_\_\_\_\_ This student was enrolled in my class(es) during \_\_\_\_\_ semester of \_\_\_\_\_ (year).

Type of course: \_\_\_\_\_

\_\_\_\_\_ While I have not taught or advised this applicant, I have known this applicant for \_\_\_\_\_ semesters.

\_\_\_\_\_ I supervised or directed the work of the applicant for \_\_\_\_\_ semesters.

\_\_\_\_\_ I do not know this applicant well enough to evaluate.

2. Scholastic Evaluation: In comparison with other students in the same field who have the same amount of experience and training, I rate this student:

- \_\_\_\_\_ Superior (upper 5%)
- \_\_\_\_\_ Very Good (upper 10%)
- \_\_\_\_\_ Good (upper 25%)
- \_\_\_\_\_ Average (upper 50%)
- \_\_\_\_\_ Below Average

3. Please rate the applicant in the following categories:

	EXCELLENT	VERY GOOD	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
Self-motivation/Initiative							
Adaptability/Flexibility							
Emotional maturity							
Interpersonal skills							
Responsibility/Dependability							
Ability to manage stress							
Effective use of time							
Leadership							
Determination/Assertiveness							
Ability in major area of study							
Artistic and intellectual abilities							
Represents CCAD's artistic standards							
Represents CCAD's citizenship standards							

4. Please share with us any additional information about the student that will help us to evaluate the student's readiness for this opportunity.

Please note: We value your input, take these recommendations seriously, and are very appreciative of your time. We ask that you provide information that you feel will assist in evaluating the applicant's potential; please feel free to expand on any of the qualitative categories listed above.

FACULTY NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE

TITLE: \_\_\_\_\_

ACADEMIC AREA/SCHOOL: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_@CCAD.EDU

Please submit this form electronically to [offcampus@ccad.edu](mailto:offcampus@ccad.edu) no later than September 15.