The Highland Ambassadors
Recommendation Form

Each applicant is required to submit 2 recommendation forms, from either Edinboro faculty members or other teachers, employers, etc. Freshman applicants are not required to have a recommendation from an EU faculty member. Each completed recommendation form must be returned to applicant or to the EU President’s Office in a sealed envelope.

Applicant’s Name: _____________________________________________________________

Name of Recommender: _________________________________________________________

E-mail Address: _____________________________ Phone Number: _____________________

How do you know the applicant? ________________________________________________

Based on your experience with the applicant, please fill out the following (check in space provided):

<table>
<thead>
<tr>
<th></th>
<th>Strongly Unagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1) The applicant presents his or herself in a professional manner.

2) The applicant is an overall positive and friendly person.

3) The applicant is easily approachable.

4) The applicant is confident.

5) The applicant is involved and willing to assist when needed.

6) The applicant is a good student and does well with time management.

7) The applicant works well in teams.

8) You would recommend the applicant for this organization.

If there is anything extra you would like to say about the applicant, please use the space below or attach a separate sheet.

Signature or Recommender: _____________________________ Date: ________________