

**Student Ambassador Letter of Recommendation
Department of Nutrition**

Reference Name:

Reference Job Title:

Reference Phone Number:

Name of Applicant:

How long and in what capacity have you known the applicant?

Please answer the following questions with the scale listed below:

Scale of 1-5, with 1 being “poor” and 5 being “outstanding.” Please put nothing if you have not seen the applicant demonstrate the skill.

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|--|
| How would you describe the applicant’s initiative? |
| How would you describe the applicant’s dependability? |
| How would you describe the applicant’s written communication skills? |
| How would you describe the applicant’s oral communication skills? |
| Please rate the candidate’s ability to interact with others. |
| How would you describe the candidate’s organizational skills? |
| Please indicate the leadership potential of the applicant. |

| Poor | Unsatisfactory | Satisfactory | Very Satisfactory | Outstanding |
|------|----------------|--------------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |

Please describe the applicant’s greatest strength and weakness.

Is there anything else you’d like to share about the applicant?

_____signature

_____date