SAVANNAH STATE UNIVERSITY  
NSF MAGEC-STEM Plus PROGRAM  
P.O. Box 40289, Savannah, GA  31404  
Phone  (912) 358-4283  
Fax  (912) 358-4786

STUDENT REFERENCE FORM

TO BE COMPLETED BY STUDENT (PLEASE PRINT)  
(Fill in your name and institution and submit this form to an institutional faculty/staff member that you have chosen to write on your behalf. 
By giving this form to an institutional faculty/staff member you release the respondent to give a recommendation in confidence to the NSF-MAGEC-STEM Plus Program)  
Two references required.

Student Name ____________________________________  
Student ID# ____________________________________  
Institution ____________________________________  
Home Phone (_____)___________________

TO BE COMPLETED BY AN INSTITUTIONAL FACULTY/STAFF MEMBER  
RECOMMENDATION / EVALUATION

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

2. Please indicate your observation in the following areas:

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<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No Observation</th>
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<td>Academic Achievement</td>
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<td>Motivation</td>
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<td>Peer Acceptance</td>
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<td>Self Discipline</td>
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<td>Integrity</td>
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<td>Cooperative Spirit</td>
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<td>Attitude Toward Authority</td>
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<td>Potential for Success</td>
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Do you recommend the applicant for admission into the MAGEC-STEM Plus PROGRAM?

☐ Highly Recommend  ☐ Recommend

☐ Recommend with Reservations  ☐ Prefer Not to Recommend

COMMENTS: _______________________________________________________________________________________

________________________________________________________________________________________

Name (Please Print) __________________________________  Position/Title __________________________________

Institution __________________________________________

Street Address _______________________________________

City/State/Zip ________________________________________  Phone ______________________________

Signature __________________________________________  Date ______________________________

PLEASE RETURN COMPLETED FORM TO ABOVE ADDRESS: ATTN: Mr. Kenneth B. Williams, Jr.