

PROFESSOR, DEAN, OR ACADEMIC ADVISOR'S LETTER OF RECOMMENDATION

Applicant's Name _____

"I will not seek access to this confidential recommendation submitted on my behalf." _____ Yes _____ No
(Please check the appropriate box)

Applicant's Signature _____ Date _____

To the Recommender

The student whose name appears above is applying for the James W. Kynes Memorial Scholarship. Your candid assessment of his or her character, performance, and leadership will greatly aid the Scholarship Selection Committee. In addition, please answer the specific questions below. Thank you for your help.

Recommender's Signature and Title

Recommender's Printed Name

Recommendation (Please continue on an additional page, if necessary).

Please rank the candidate on the following dimensions relative to all the undergraduate students you have taught or counseled at the University of Florida

	Superlative	Excellent	Good	Average	Below Average
Academic Performance	_____	_____	_____	_____	_____
Character.....	_____	_____	_____	_____	_____
Leadership.....	_____	_____	_____	_____	_____
Effort.....	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____