

School of Continuing Studies

Recommendation	n Form: Stude	ent Schola	arship				
Check one: Transfer Scholars	ship 🗖 Conti	nuing Stude	ent Schola	rship			
Applicant's name:	Deadline:						
How long have you kr	now the applican	t?	In what ca	apacity?			
How well do you know	w the applicant?	□ very w	ell 🛭 fai	rly well	not very we	:11	
Please rate the areas in	n which you feel	you have ad	equate kno	wledge of thi	s applicant:		
	Outstanding	Very Good	Good	Average	Marginal	Not enough knowledge	
Commitment to academics							
Community involvement							
Leadership							
Employment record							
Overall rating							
Recommender's conta			_ Job Title	e:			
Telephone:		Address:					
City:			State:	Zip cod	le:		
Signature:		Date:					
Thank you for taking t	he time to compl	lete this form	on behalf	of the applica	ant by the de	eadline.	
Undergradu	rn University Continuing Studio late Scholarship (all, 6 th Floor						

339 East Chicago Avenue Chicago, IL 60611