

RECOMMENDATION FORM

Work Zone Safety Scholarship Candidate

Date: _____ (must be received by November 10, 2007)

Student Name: _____

Academic Advisor:

Thank you for taking time to complete this evaluation form for the above-named student. Your assessment, as an advisor, is important. The scholarship application committee appreciates your willingness to participate in the application process.

EVALUATION FORM

On a scale of one to five, indicate your perception of student performance (one being least favorable, five being most favorable). Please circle the appropriate number.

Student preparation for class work (low) 1 2 3 4 5 (high)
non-applicable _____ cannot answer _____

Student participation in class discussion (low) 1 2 3 4 5 (high)
non-applicable _____ cannot answer _____

Student involvement in extra credit, extra curricular class activities (low) 1 2 3 4 5 (high)
non-applicable _____ cannot answer _____

Community service involvement of student (low) 1 2 3 4 5 (high)
non-applicable _____ cannot answer _____

To your knowledge, does student have any part time or full time employment responsibilities?
Yes No
non-applicable _____ cannot answer _____

Comments on the Student's academic standing:

Evaluate student interest in working in the heavy and highway construction industry
(low) 1 2 3 4 5 (high)
non-applicable _____ cannot answer _____

Where, in your opinion, does the student place in overall ability as compared with other students?

90 - 100 percentile _____
80 - 89 percentile _____
70 - 79 percentile _____
0 - 69 percentile _____

Any other comments you wish the committee to know regarding the applicant:

Advisor Name: _____

Campus Extension: _____

Campus e-mail: _____

Please return to Stephen F. Duffy PhD, PE, F. ASCE
Director, Work Zone Safety Transportation Center

Work Zone Safety Scholarship Recommendation Deadline: November 10, 2007