Ibrahim Dik Economics Academic Achievement Award Faculty Recommendation Form

INSTRUCTIONS FOR THE APPLICANT:						
The Family Educational Rights and Privacy Act of 1974 gives you the right to access this evaluation. The law also permits you to waive this right if you choose. Such a waiver is not a condition of award. Please indicate your choice and sign below.						
 □ I agree to waive access to this recommendation. □ I do not agree to waive access to this recommendation. 						
Applicant's signature Date						
PLEASE PRINT OR TYPE						
Name of Applicant						
Name of Recommender Institution						

INSTRUCTIONS FOR THE WRITER OF THE LETTER OF RECOMMENDATION

Thank you for taking the time to honestly review an applicant for our academic achievement award. The applicant named above has requested your evaluation be included as part of the information on which we will base our award decision. The IDEAAA Selection Committee is interested in the applicant's academic merit, leadership potential and character.

The reverse side of this form is designed to provide a quick way for you to assess the applicant by checking the appropriate rating box.

In addition, please provide a separate letter with a more detailed assessment.

Recommendation letters should be sealed and the recommender should sign the seal of the envelope.

Assessment for:					
					
How long and in what cap	oacity have y	ou known th	ne applicant?		
In comparison with othe applicant on the followin			te in their aca	ademic career,	please rate the
	Excellent	Good	Average	Below Average	Unable to Assess
Academic preparation					
Writing skills					
Oral communication skills					
Ability to work with others Ability to work independently					
Motivation					
Commitment					
Maturity					
This is an applicant of a I recommend that the a I recommend with som	applicant to re	eceive the aw	ard.		reservation
I do not recommend th	at the applica	nt receive th	e award.		
Please provide a separato	e letter with	a more deta	iled assessme	ent of the applic	ant.
Recommender's Signature			Date		
Name of Recommender	Position/Title				
Institution					
Phone Number			Email A	Address	

Return this form and letter of recommendation to:

IDEAAAs Selection Committee c/o Department of Social Sciences Chair 4303 Diamond Head Road, Kalia 101 Honolulu, Hawaii 96816