

# UNI Out-of-State and International Student Teaching

## Recommendation Form

The **STUDENT** must complete this section:

Student's Name: \_\_\_\_\_ UNI ID: \_\_\_\_\_

Student Teaching Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year: \_\_\_\_\_

Due Date for Recommendation (please be courteous and allow ample time for recommenders):

\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Recommender Name (Print)

Title or Position

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Academic Department (if applicable)

Phone number

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Relationship to Applicant

NOTE: This document will be read by the UNI Placement Coordinators **and** host school that will be approving this student's application.

**INSTRUCTIONS:** *Please complete this form for each applicant by the date indicated at top of form. You may return the form to through:*

*UNI campus mail 0617*

*Regular post SEC 509, UNI, Cedar Falls, IA 50614-0617*

*or give the completed form to the student in a sealed envelope.*

Student's Name: \_\_\_\_\_

1. Please rate the applicant's ability by marking appropriate boxes.

	<b>Weak</b>	<b>Below average</b>	<b>Average</b>	<b>Above Average</b>	<b>Exceptional</b>	<b>No Basis for Judgment</b>
Academic ability						
Ability to work independently						
Ability to work cooperatively						
Emotional stability and maturity						
Motivation						
Acceptance of new ideas						
Leadership						
Ability to express ideas verbally						
Intellectual Curiosity						
Predication of success as a teacher						

2. Please check one:

\_\_\_ I strongly recommend this applicant for the Out-of-State & International Student Teaching Center

\_\_\_ I recommend this applicant for the Out-of-State & International Student Teaching Center

\_\_\_ I do NOT recommend this applicant the Out-of-State & International Student Teaching Center.

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Recommender Signature

Date