



Student Recommendation Form

Office of Admissions
116 Alumni Hall
Oneonta, NY 13820, U.S.A.
Phone: (607) 436-2524
Fax: (607) 436-3074
admissions@oneonta.edu

TO BE COMPLETED BY APPLICANT:

Name: _____
 First/Given Middle Last/Family

Home Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

INSTRUCTIONS FOR EVALUATOR:

The person above has applied for admission to SUNY Oneonta. Your feedback will be of significant value and a guide to the Office of International Education in determining acceptance to our university.

This section is to be completed by an academic advisor, counselor (guidance/transfer/honors), or teacher/professor. Please complete the form, place it in a sealed envelope, and return it to the student who will mail it with his/her application for admission, OR email it to admissions@oneonta.edu.

ACADEMIC RATING

(please check appropriate box)

	Below Average	Fair	Good	Excellent	Unable to Determine
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptiveness to Various Opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER AND PERSONAL RATING

(please check appropriate box)

	Below Average	Fair	Good	Excellent	Unable to Determine
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Overall, how do you rate this applicant for SUNY Oneonta?

Recommend Strongly Recommend Do Not Recommend

Name and Title _____ Date: _____

Name of Institution _____

Telephone Number: _____ Email: _____