

Academic Advisor Recommendation Form

Instructions: Please complete this recommendation form for the student listed below. This form is designed to be filled out and printed.

Student Information

Student Full Name:

Student ID Number:

Academic Major/Program:

Student Email Address:

Advisor Information

Advisor Full Name:

Department/Faculty:

Advisor Email Address:

Advisor Phone Number:

Academic Assessment

Please rate the student in the following areas using terms such as: Excellent, Good, Average, or Below Average.

Academic Performance:

Intellectual Ability:

Written Communication Skills:

Oral Communication Skills:

Reliability and Responsibility:

Recommendation and Comments

How long have you known the student (in semesters)?

Overall Recommendation (e.g., Strongly Recommend, Recommend, Do Not Recommend):

Additional Comments:

Verification and Signature

I certify that the information provided on this recommendation form is accurate to the best of my knowledge.

Advisor Signature (Please sign after printing): [Sign here on printed copy]

Date: MM/DD/YYYY