

**Framingham State College  
Faculty Recommendation Form for  
Coordinated Program in Dietetics Applicants**

**TO BE COMPLETED BY THE STUDENT:**

<b>Student Name</b>	<b>Student ID:</b>
<b>Faculty Name</b>	
<b>Course Number/Name</b>	
<b>Semester/Year</b>	

**Student, Please sign and date one of the following statements. It is recommended that you check first with the faculty member before signing, as some faculty will only provide a confidential recommendation.**

I wish to have access to this recommendation and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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The Coordinated Program in Dietetics faculty appreciates your cooperation in providing an evaluation of the applicant's potential for success in the program.

1. How well do you know the applicant? Check all that apply.

- as a student in a large lecture class
- as a student in a small class
- as a student in a laboratory course
- as my advisee
- other, please describe: \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. Please rate the student on the qualities below that you feel you can judge.

	Fair	Satisfactory	Good	Very Good	Excellent	Unable to Evaluate
	6	7	8	9	10	n/a
Interest in learning: attended class						
Interest in learning: participated in class discussion						
Dependability: completed assignments						
Punctuality: submitted assignments according to schedule						
Follows directions						
Interpersonal skills: worked well with others						
Communicates well verbally						
Communicates well in writing						
Works independently						
Organizational skills						
Creativity						
Analytical skills/problem solving						
Perseverance						
Reaction to stress						
Responsibility/maturity						

4. Please comment on any outstanding strengths, weaknesses, or other characteristics that the Selection Committee should be aware of:

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Dr. Suzanne Neubauer, Framingham State College, 100 State Street, Framingham, MA. 01701.**