Recommender Name:
Student Name:

Please evaluate the student in relation to your other students with the same level of education.

How well do you know the student? (Please include length of time and your association.)

Please rate the following:

Outstanding = top 10% Good = top 25% Average = 50% Poor = below 30%

Characteristics	Outstanding	Good	Average	Poor	No Experience
Motivation					
Dedication					
Reliability					
Maturity					
Intelligence					
Communication					
Self-Confidence					
Interpersonal Relationships					
Leadership Capabilities					

Please provide any additional comments or information about the student you feel important:

Overall recommendation:

Strongly recommend Recommend Do not recommend

Name of Evaluator:

High School Name:

Email Address:

Signature: Date:

(if sending form electronically, please type your name and send from your official school email account)

Once completed, please e-mail this form to cardio@uci.edu with the subject line "HeartQuest Letter for [student name]"