

## UWM CAMPUS AMBASSADOR RECOMMENDATION FORM 2009-2010

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER:**

In accordance with the Family Educational Rights to Privacy Act of 1974, you may waive your right to inspect this recommendation by signing your name below. Should you decide not to waive the right, you will have access to this recommendation.

I hereby waive my right of access to this recommendation.

Applicant's Signature: \_\_\_\_\_

This form must be printed out by the applicant and given to the reference. Once the form is completed, the reference should place the form in an envelope; seal it and sign their name across the seal. The form may then be delivered by the student or returned via mail to **Ericca Rolland** in the **First Year Center, Bolton Hall, Room 192, P.O. Box 2174, Milwaukee, WI 53201**.

Name of individual completing this form: \_\_\_\_\_

Title of individual completing this form: \_\_\_\_\_

Office / Department: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Number and Street City, State ZIP Code

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Approximately how long have you known this applicant? \_\_\_\_\_ Years

How well do you feel you know this applicant? \_\_\_\_\_ Casually \_\_\_\_\_ Well \_\_\_\_\_ Very Well

Please rank the student by indicating the extent to which you agree with each statement.

The applicant...	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion
Expresses ideas concisely and distinctly					
Pronounces words distinctly and concisely					
Possesses a positive attitude about UWM and their educational experience					
Has demonstrated good judgment when faced with a problem					
Shows strong leadership potential					
Is friendly and outgoing					
Shows maturity in their management of time and projects					
Can adapt quickly to new or unexpected situations					
Can assess the needs of a situation and act without directions					
Shows a demonstrated sense of responsibility and dependability					

**Please feel free to write additional comments about this applicant on the back of this form.**

May we contact you if we have further questions about this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have questions about the UW-Milwaukee Campus Ambassador program, please contact Ericca Rolland in the First Year Center at 414-229-6760 or [uwmca@uwm.edu](mailto:uwmca@uwm.edu),*