

# STC CONFIDENTIAL RECOMMENDATION OF APPLICANT

Applicant: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant listed above has applied to State Technical College of Missouri. As part of the application process, the applicant must have this recommendation form completed and submitted for consideration. Please place a check (✓) in the box that best describes this applicant and return it as soon as possible directly to STC.

CHARACTERISTIC		✓		✓		✓		✓		✓
<b>WORK HABITS:</b> Willingness to work. Habits, zeal, perseverance.	Lazy, little or no effort. Lacks diligence. "Good enough is good enough."		Inconsistent completion of work. Does not complete work in a timely manner.		May take pride in completed work. Completes work without prompting in a timely manner.		Does not need reminders, works independently. Occasionally does extra work when asked.		Does extra work. Performs multiple tasks simultaneously.	
<b>THOROUGHNESS:</b> Intellectual curiosity, originality, willingness to attempt new ideas, ask questions, shows interest	Careless. Work is always incomplete.		Work is sometimes careless and inaccurate.		Work is generally completed and reasonably accurate.		Careful work. Accurate. Offers own thoughts and ideas.		Very careful and thorough. Accepts responsibility for actions and outcomes.	
<b>INITIATIVE:</b> Intellectual curiosity, originality, willingness to attempt new ideas.	Never tries anything new.		Seldom originates own ideas. Follower.		Sometimes attempts new ideas.		Often initiates undertakings. Demonstrates dependability – considered by others to be responsible.		Marked ability to think independently. Carries out ideas. Accepts responsibility for actions and outcomes.	
<b>RELIABILITY/TRUST:</b> Dependability, good judgment, honesty, ability to get along without supervision.	Dishonest. Neglects obligation; irresponsible.		Often needs supervision. Equivocates or lacks ability to hold self responsible for own actions.		Has to be prompted. Sometimes reliable. Usually can be trusted to take responsibility for own actions.		Assumes obligations. Demonstrates dependability. Considered by others to be responsible.		Thoroughly dependable. Demonstrates honesty, compassion, courage and continuous regard for all.	
<b>INTERPERSONAL SKILLS:</b> Ability to get along with others, adaptable, tactful, agreeable, cheerful.	Disagreeable. Antagonistic. Disrespects others; Impolite.		Slow to respond. Not willing to help; concerned with self more than with the needs of others.		Tends to be agreeable and willing to help. Reaches out to others.		Does well in teamwork. Agreeable; motivates others to achieve.		Always willing to help others. Demonstrates a positive attitude toward learning and teaching worthy of respect in community.	
<b>EMOTIONAL CONTROL:</b> Poise, ability to handle stress	Very poor control of emotions.		Occasionally loses self-control.		Fairly well-balanced. Good control.		Well-balanced. Poised. Established outlets to cope with stress.		Unusual poise. Recognizes own stressors. Seeks assistance as needed.	
<b>INTELLECTUAL CAPACITY:</b> Intelligence, natural ability to succeed in academic effort	Very slow to learn. Lowest fifth.		Needs to make extra effort to keep up.		Average. Quick to catch on with instruction.		Learns easily – grasps new concepts.		Highest fifth. Sees beyond immediate information presented. Asks questions. Thinks critically.	
<b>RECOMMENDATION:</b> Based on the rating on this form, this applicant is:	Not recommended.		Recommended with reservations.		Recommended.		Recommended with confidence.		Very highly recommended.	

How long have you known this applicant? \_\_\_\_\_

In what capacity have you been associated with this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

EVALUATOR'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

---

**TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_ SSN: (optional) \_\_\_\_\_

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right to access these recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

waive my right to inspect the contents of this recommendation.

do not waive my right to inspect the contents of this recommendation.

**NOTE:** This waiver is not required as a condition for admission to a program or receipt of financial aid or any other services and benefits from State Technical College of Missouri. It is the program's policy that all Recommendation Forms be used for the admission process only.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

---

These forms should be returned directly to the college by the evaluator and not returned to the applicant to maintain objectivity of its contents. Submit the completed form to:

*State Technical College of Missouri  
Office of Admissions  
One Technology Drive  
Linn, Missouri 65051*

*Phone: 800.743.8324  
Fax: 573.897.5026  
Email: [admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)*