



Recommendation

APPLICANT: PLEASE COMPLETE THIS SECTION

Applicant's Name _____

In compliance with the Family Education Rights and Privacy Act of 1974, the candidate may have access to this evaluation unless access is waived by completing the following statement:

I, _____, waive my right to access this evaluation.

Signature _____

Date _____

1. How well do you know the Hixson Scholar applying to be a peer mentor?
(Check the most appropriate response.)

- Extensive contact in a variety of settings
- Well acquainted in classroom or club/organization environment
- Limited contact in classroom or club/organization environment
- Other _____

(Please complete reverse side.)

2. In comparison with other students, whom you have known at comparable stages of their life, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Evaluate
Maturity	4	3	2	1	X
Cooperation and Adaptability	4	3	2	1	X
Willingness to Help Others	4	3	2	1	X
Initiative and Motivation	4	3	2	1	X
Social Skills	4	3	2	1	X
Open-mindedness	4	3	2	1	X
Integrity	4	3	2	1	X
Independence	4	3	2	1	X
Resourcefulness	4	3	2	1	X
Self-Confidence	4	3	2	1	X
Passion for Iowa State University	4	3	2	1	X

3. Applicant would be a good choice for the position of Hixson Peer Mentor: ___ Yes ___ No

4. REMARKS

Based on your knowledge of the applicant, please add a paragraph commenting on his/her abilities to succeed and help other students succeed at Iowa State University.

Previous Peer Mentor Other: _____

Name (please print) Hixson Year

Phone E-mail Address

Signature Date

Please return this form in a sealed envelope to:

**Hixson Opportunity Awards Office
1080 Hixson-Lied Student Success Center
Ames, IA 50011-1380**