I. To the Applicant: Complete section I. Do not forget to sign one of the waiver options. One form should be given to each recommender (Note: Recommenders may be Master Teacher, FSU-Teach Faculty, Major Faculty, or Mentor Teacher only).

Applicant's Name: ________________________________________________________

FSUSN: _____________________ Email address: _______________________________

Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review.

You have the option of (1) signing the following waiver or (2) declining to do so.

☐ 1. I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature: __________________________________________ Date: _____________________

☐ 2. I do not agree to the waiver above.

Signature: __________________________________________ Date: _____________________

II. To the Recommender: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions to the Applicant in section I.

The person named above is applying for admission to a scholarship program funded by the National Science Foundation. You have been selected by the applicant to submit your comments, using this form only, regarding the applicant's qualifications. Your comments will be held completely confidential, if the applicant signed the above statement. Please enclose this form in an envelope, sign your name across the seal, and return your letter to the applicant or mail it directly to the Noyce Scholarship Office. Alternatively, you may fax the letter to Robin Smith at the fax number below.

FSU-Teach Noyce Scholarship
FSU-Teach Office
209 Carothers, 1021 Atomic Way
Tallahassee, FL 32306-4482
Fax: (850) 645-8902

Thank you for your cooperation and evaluation of the applicant.

III. Evaluation

How long have you known the applicant? _____________________________ years/months

Under what circumstances have you known the applicant? circle one

Current student  Former student  Employee  Other ________________________________
III. Evaluation (con’t)

Please check your evaluation by comparing this applicant to other students you have known in a similar capacity.

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<th>Exceptional</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Have not observed</th>
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<tbody>
<tr>
<td>Motivation to succeed</td>
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<td>Academic Ability</td>
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<td>Organization</td>
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<td>Ability to meet deadlines</td>
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<td>Integrity</td>
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<td>Dependability</td>
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<td>Speaking Skill</td>
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</table>

What are the applicant's strengths as a future teacher?

_________________________________________________________________________________

_________________________________________________________________________________

What might affect the applicant's ability to succeed in a secondary school classroom?

_________________________________________________________________________________

_________________________________________________________________________________

For additional comments, please feel free to attach a typed letter.

Please indicate the extent to which you support this candidate for this Scholarship Program by placing a checkmark in the appropriate blank.

_____ Strongly recommend
_____ Recommend
_____ Recommend with reservations
_____ Do not recommend

Name (type or print) ________________________________________________________________
Title ____________________________________________________________
School/Department ____________________________________________________________
Address  _______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

_________________________________________________________  Date