

**Part II, Section 2. Evaluation/Recommendation Form - Directions**

*(to be filled out by employer, academic advisor, or faculty advisor)*

NOTE TO EMPLOYER, ACADEMIC ADVISOR, OR FACULTY ADVISOR: The applicant wishes your responses to be considered as part of his or her CMAA Baltimore scholarship application, which is not complete without your evaluation. Your evaluation / recommendation will be confidential and not shared with the student. You are encouraged to provide a statement supporting your responses in this completed form. If you have any questions, please call Mike Michalski, PE, CCM at C. 443-745-4065 or email [mmichalski@wrallp.com](mailto:mmichalski@wrallp.com)

Please complete, sign, and return by **April 19<sup>th</sup>** of the current year, directly to:

Mike Michalski, PE, CCM via email (request a "proof of delivery"), to [mmichalski@wrallp.com](mailto:mmichalski@wrallp.com)

or

Enter electronically into the scholarship portal section of [cmaabaltimore.com](http://cmaabaltimore.com).

The applicant wishes your responses to be considered as part of his or her CMAA Baltimore scholarship application, which is not complete without your evaluation (due no later than **April 19<sup>th</sup>** of the current year). Your evaluation/recommendation will be confidential and not shared with the student. You are encouraged to provide a statement supporting your responses in this completed form.

*Form found on next page.*

**Part II, Section 2. Evaluation/Recommendation Form**

APPLICANT: Please fill in the first portion of this form before giving it to your employer, academic advisor, or faculty advisor for completion.

<b>Applicant's Full Name</b>	
<b>College/University/Firm Name</b>	
<b>Department</b>	
<b>Reviewer's Full Name</b>	

EMPLOYER, ACADEMIC ADVISOR, OR FACULTY ADVISOR: Please fill in the following.

<b>How long have you known this student?</b>		<b>In what capacity?</b>			
<b>How often do you see this student?</b>					
<b>Please place an "X" in the appropriate cell.</b>	<b>Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Superior</b>
<b>Cooperation</b>					
<b>Courtesy</b>					
<b>Dependability</b>					
<b>Industriousness</b>					
<b>Initiative</b>					
<b>Maturity</b>					
<b>Ability to identify &amp; achieve goals</b>					
<b>Self-Discipline</b>					
<b>Evaluator's Full Name</b>					
<b>Position</b>					
<b>Organization</b>					
<b>Email</b>		<b>Phone</b>			

You are encouraged to provide a statement supporting your responses in this completed form.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_