

**ALPHA SIGMA LAMBDA**  
**FACULTY RECOMMENDATION FORM**

**Student:** Please complete the information requested below and then give this page along with the Faculty Recommendation form to a faculty member who has agreed to write a recommendation in support of your application for an Alpha Sigma Lambda Scholarship. Faculty recommendations are an important part of the selection/review process so consider carefully which individual to ask for a recommendation.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

(Optional) I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Faculty Recommender:**

The student who has given you this form is applying for a scholarship from Alpha Sigma Lambda, the Honor Society for Nontraditional Students in higher education. This scholarship selection process is highly competitive. Your recommendation and comments about this student are critical to the selection committee.

***Alpha Sigma Lambda Scholarship Application Faculty Recommendation***

Faculty Recommender: \_\_\_\_\_

Faculty Institution: \_\_\_\_\_

Faculty Email: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please provide your thoughts, observations and appraisal of the student in each of the following areas.

***Personal qualities/challenges:***

***Promise as a student and graduate:***

**Leadership/service to community (campus, academic or local):**

***Career potential/promise to their chosen profession***

**Personal observations/comments:**