Career Services
The University of Scranton
Scranton, PA 18510-4580
(570)941-7640

RECOMMENDATION FOR **EMPLOYMENT**

Student's Name_____Graduation Date_____

Directions: Place a mark in the column that most nearly applies. Use the "Additional comments" section to include information regarding the student's abilities, interests, accomplishments, etc.

	RATING				
QUALITY	Exceptional	Above Average	Average	Below Average	Unknown
Communication Skills	_____	_____	_____	_____	_____
Organizational Skills	_____	_____	_____	_____	_____
Originality/Resourcefulness	_____	_____	_____	_____	_____
Interest/Enthusiasm	_____	_____	_____	_____	_____
Judgment/Common Sense	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Responsibility/Dependability	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

ADDITIONAL COMMENTS

I authorize Career Services to include this recommendation in the student's employment credential file.
I understand that this student _____ view the contents of his/her credential file.
may/may not

_____ _____ _____
Date *Signature* *Print Name*

Name of Organization: _____

Recommender's Title: _____