Applicant’s Information

Name

Address

Campus Applying To

To the Student:
Complete the above information and give this form to a counselor, teacher, community member, employer, or any individual who can comment about your potential to succeed in college. This form should not be completed by a family member or by the EOP Applicant. The EOP program requires two (2) recommendations.

To the Individual Completing this Form:
The person whose name appears above has applied for admission to the Educational Opportunity Program (EOP) at a CSU campus. The EOP selection committee would appreciate you answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student’s maturity, initiative, and academic potential to succeed in college. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate “N/A” or not applicable. Please understand that your recommendation may be made available for inspection at the student’s request pursuant to the Family Educational Rights and Privacy Act of 1974 and related laws and regulations.

Your Name

Position

School/Organization

Phone Number

Address

1. How long have you known the applicant? _______ years _______ months. Under what circumstances?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

2. Based on your knowledge of the applicant, check how you rate his/her academic skills. If unknown, leave the area blank.

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
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</thead>
<tbody>
<tr>
<td>1. Academic achievement</td>
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<td>2. Writing skills</td>
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<td>3. Reading skills</td>
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<td>4. Math skills</td>
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<td>5. Academic potential</td>
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3. Check how you rate the applicant’s characteristics and motivation. If unknown, leave the area blank.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
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</thead>
<tbody>
<tr>
<td>1. Has positive self-image</td>
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<td>2. Demonstrates leadership capability</td>
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<td>3. Self-starter, has intellectual curiosity</td>
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<td>4. Is highly motivated</td>
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<td>5. Survives frustrating experiences, is tolerant of minor disappointments</td>
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<td>6. Has potential for growth</td>
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</tbody>
</table>
4. What qualities best describe this applicant?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

5. To your knowledge, does this applicant have a historically disadvantaged background (i.e., low income for several years, first-generation college student, inner-city or migrant family)?

Yes  ☐  No  ☐

Why?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

6. Why do you believe this student qualifies for EOP, and what services or assistance would you recommend to help him/her to succeed in college?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

7. Please discuss any barriers to achievement the applicant has faced. Do you believe they will affect his/her performance in college?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
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8. What is your assessment of the student’s potential, motivation, or capability for undertaking college work and potential to succeed in college?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature ____________________________  Date ____________________________

Return this form to the EOP Office at the campus where the applicant is applying for admission.