



**FSU-Teach**  
**Robert Noyce Teaching for Equity Scholarship Program**

**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.

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**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.

	<b>Exceptional</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Have not observed</b>
<b>Motivation to succeed</b>						
<b>Academic Ability</b>						
<b>Organization</b>						
<b>Ability to meet deadlines</b>						
<b>Integrity</b>						
<b>Ability to work with others</b>						
<b>Dependability</b>						
<b>Writing Skill</b>						
<b>Speaking Skill</b>						

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

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

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_