**RECOMMENDATION FORM**

**Instructions for the Applicant:** Please fill out the top section of this form. This form must accompany each of the two letters of recommendation required for Archer Fellowship Program eligibility. Letters should be addressed to the Archer Fellowship Program Selection Committee and submitted on or before *Monday, February 23, 2015* to the Archer Fellowship Program Campus Coordinator.

**Applicant’s full name:**

**Recommender’s name:**

*Applicant must select* ***one*** *of the following declarations (form will be considered incomplete without signature):*

􀀀 I waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. *(If this statement is selected by the applicant, s/he will not be able to see this letter of recommendation.)*

􀀀 I do not waive my right of access to this recommendation from under the Family Educational Rights and Privacy Act of 1974. *(If this statement is selected by the applicant, s/he will be able to see this letter of recommendation.)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for the Recommender:** The student named above is applying for admission to the Archer Fellowship Program in Washington, D.C., through the University of Texas System for the 2015-2016 academic year. This program is designed for mature students seeking intellectual challenge and substantive professional experience in our nation’s capital. Please complete the sections below and include a letter discussing the applicant’s qualifications and potential to succeed in courses related to policy, advocacy and politics as well as his or her promise of professional success. In describing such attributes as motivation, intellect, leadership and maturity, specific examples are more useful than generalizations. Additionally, please indicate how long and in what capacity you have known the applicant.

**Recommender:** Please compare the applicant with one of the following (*check one*):

􀀀 Undergraduate students you have taught at your University of Texas System institution

􀀀 Employees with which you have worked or supervised

􀀀 Other:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Very Good | Average | Below Average | Unable to Evaluate |
| Academic performance |  |  |  |  |  |
| Intellectual potential |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Ability to collaborate |  |  |  |  |  |
| Interest in policy/politics |  |  |  |  |  |
| Professionalism |  |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  Title:

E-mail address:  Telephone:

Institution:

**Submitting the completed recommendation letter:** Please seal the recommendation letter and this completed form in an envelope and sign your name across the seal. Return the signed, sealed envelope to the applicant before the deadline indicated or send the recommendation directly to the Archer Fellowship Program Campus Coordinator. Contact The Archer Center at (202) 955-9091 or [archer@utsystem.edu](mailto:archer@utsystem.edu) with any questions.