# Recommendation Form

To the Recommender

|  |  |
| --- | --- |
| Student’s name: | Student’s last name: |
| Your name: | Your last name: |
| Your position/title: | Your company/school name: |
| Company/School address: | |
| Your phone number: | Your e-mail: |

How long and in what capacity have you known the applicant?

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Please check in the appropriate column the factors for which you have adequate information for appraisal:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** |
| Applicant’s ability to follow instruction |  |  |  |
| Applicant’s strive for excellence |  |  |  |
| Applicant’s demonstrated dependability |  |  |  |
| Applicant’s self-motivation |  |  |  |
| Applicant’s passion for oil & gas |  |  |  |
| Applicant’s study habits |  |  |  |
| Applicant’s desire for a career in oil & gas |  |  |  |
| Applicant’s fit for this award |  |  |  |

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Recommender’s Signature Date