



## STUDENT AMBASSADOR PROGRAM RECOMMENDATION FORM

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Faculty / Staff: \_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

What qualities does the applicant demonstrate consistently?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate which description best reflects the applicant in the following areas:

Category	N/A	Below Average	Average	Above Average	Excellent
Attendance					
Attitude					
Academic Performance					
Motivation					
Leadership Skills					
Communication Skills					
Reliability					

\* N/A (not applicable). Choose this if the applicant doesn't demonstrate the particular quality

\* Use a tick ✓

Why do you think the applicant would be a good student ambassador?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Faculty / Staff Signature

\_\_\_\_\_  
Date