

Master of Marine Resource Management 3+2 Program Student Recommendation

Student Name:

Recommender Name:

Recommender Title & Affiliation:

Recommender E-Mail Address:

Date Completed:

Please rate the student applicant based on your knowledge of the student's abilities and experiences.

	Not observed	Below Average	Average	Good	Exceptional
a) Knowledge of coastal/ marine processes & resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Motivation towards goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ability to work on a team with respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add details below or in a separate letter to expand upon your recommendation of the student.