



Iowa State University TRIO Upward Bound

Recommendation for Upward Bound Enrollment

Student: _____ Current Grade Level: _____
First & Last Name

Individual Completing Recommendation: _____
First & Last Name

Describe how you know the applicant: _____

Use the following rating scale to indicate the degree to which you agree with the statements listed below.

- 1 – Strongly Disagree
- 2 – Moderately Disagree
- 3 – Neither Agree/Disagree
- 4 – Moderately Agree
- 5 – Strongly Agree
- NA – Not Applicable

1. Demonstrates an interest in learning	1	2	3	4	5	NA
2. Shows a desire to pursue a college degree	1	2	3	4	5	NA
3. Actively participates in class/group situations	1	2	3	4	5	NA
4. Disciplined in study activities	1	2	3	4	5	NA
5. Cooperative in academic and social areas	1	2	3	4	5	NA
6. Completes all assignments	1	2	3	4	5	NA
7. Works up to academic potential	1	2	3	4	5	NA
8. Demonstrates willingness to work hard to achieve goals	1	2	3	4	5	NA

Please make any additional comments about this student that will help us determine their potential to benefit from the Upward Bound Program

Signature

Title or Position

Name of School

Return completed recommendation form to student for submission with application packet or email to Paula Plath, Upward Bound Assistant Director. Questions can be directed to Paula at pkplath@iastate.edu or 515-509-6729.