University of Colorado at Boulder

KeyBank Business Leadership Program
Recommendation Form
To Be Completed By High School Official

Please have this form postmarked or e-mailed to the Office of Diversity Affairs by February 26, 2016

Please complete this section on the form:

1) Name of Candidate ____________________________________________________________

2) How long have you known this individual ___________________________________________

3) In what capacity have you known the student (e.g. teacher, counselor)

______________________________________________________________________________

4) How closely have you worked with the student (one class, over a period of years)

______________________________________________________________________________

5) What is your assessment of the student’s motivation during group work (please check up to two)

   ___ Self Motivated          ___ Team Motivated
   ___ Peer Motivated          ___ Reward Motivated
   ___ Goal Motivated          ___ Authority Motivated

6) In a group situation, in which of the following roles would you see this student (this helps us to better divide students into groups and has no influence on whether they are accepted to the program or not)

   ___ Vocal Leader – willing to take charge, voice opinions, and be the front person
   ___ Silent Leader – works hard behind the scenes, leads by example
   ___ Future Leader - contributes to the group but needs to be given a task and supervised

A letter of recommendation is acceptable, in lieu of the following questions, however please be sure the question topics are addressed in the letter:

7) Please provide reasons to support your assessment of this student's motivation level

______________________________________________________________________________

8) Comment on your impressions of the student's ability to stay on task, to stick to a job even if it is difficult, etc.

______________________________________________________________________________

9) Please explain your assessment on the student’s leadership style

______________________________________________________________________________

10) Comment on your impressions of how this student responds to pressure, e.g., tight schedule, heavy personal demands, meeting deadlines, fatigue, etc.

______________________________________________________________________________

(Over)
11) Comment on your impressions of the student's ability to relate to peers in social situations and/or
dormitory living situations

12) Comment on your impressions of this student's level of emotional maturity as reflected in his/her
behavior, self-discipline, ability to cope, ex: being in an unfamiliar environment/situation

13) Are you aware of any serious disciplinary problems, or drug or alcohol abuse problems encountered
by this student

14) How/why do you believe this student will benefit from a pre-college experience

15) Is there any other information that you feel we ought to know in considering this student for
participation in the seminar

Mail or e-mail recommendation form to:

Business Leadership Program
University of Colorado | Leeds School of Business | Office of Diversity Affairs
419 UCB | Boulder, CO 80309-0419
303-735-5117
valeria.morales@colorado.edu

The program dates are: June 12-18, 2016

Recommender Information:

Name

Title

Address

City

Zip Code

( )

Phone

E-mail Address

Signature

Date

A COPY OF THIS FORM IS AVAILABLE AT
http://www.colorado.edu/business/offices/diversity-affairs/business-leadership-program/apply