



**FACULTY RECOMMENDATION
PLUS PROGRAM**

SECTION I: To be completed by student.

Student Name: _____ Date: _____

Email: _____ Phone: _____

Undergraduate Program of Study/Major: _____

Desired Plus Track:

___ Master of Business Administration ___ Master in Strategic Leadership

Credit hours completed to date: _____ Number of credit hours currently enrolled in: _____

Cumulative GPA: _____ Major GPA: _____

___ I waive ___ I do not waive my right to review this recommendation.

Student signature: _____ Date: _____

Section II: To be completed by faculty member.

Name of Stephens Faculty: _____

Department in which you teach: _____

Please rate the above named student compared to other students you have taught.

Characteristic	Top 10%	Top 25%	Average	Below average	Did not observe
Responsibility					
Persistence					
Critical Thinking					
Academic Ability					
Self-motivation					
Writing Skills					

Why do you think this student will be successful in the Plus program?

___ Recommend ___ Recommend with reservation ___ Do not recommend

Signature: _____ Date: _____

Please send this completed form to PlusProgram@stephens.edu or mail to Plus Program, Stephens College, BOX 2083