**RECOMMENDATION FORM**

# FOR THE STUDENT TO COMPLETE

**INSTRUCTIONS**

**Applicants:** For your application to be complete you need two recommendation letters (one must be from an SMU faculty member who has taught you). Please complete a [Recommendation Release Form](http://www.smu.edu/TowerCenter/TowerScholars/Application) for each of your recommenders.

**Recommenders:** Please email this completed Recommendation Form to [TowerScholars@smu.edu](mailto:TowerScholars@smu.edu) no later than **5 p.m. CT**, **January 31, 2025**.

# FOR THE STUDENT TO COMPLETE

**APPLICANT’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

# THE STUDENT TO COMPLETE

**ABOUT THE APPLICANT**

**How long and in what capacity have you known the applicant?**

Click or tap here to enter text.

**In your opinion, this student ranks in the top** *(select one)* **1  5  10  15  25  \_\_\_\_ % of students you have taught or worked with.**

**The Tower Scholars Program selection committee appreciates your comments regarding this applicant's acceptance into the SMU Tower Scholars Program. Please include a separate recommendation letter (2 pages max) providing comments regarding this applicant’s strengths and weaknesses related to future academic and personal achievement.**

# R THE STUDENT TO COMPLETE

**RECOMMENDER’S INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | Last Name: |  | |
| Organization/Institution: | | |  | | | | |
| Position/Role: |  | | | | | | |
| Email Address: | |  | | **Phone Number:** | | |  |

# R THE STUDENT TO COMPLETE

**RECOMMENDER’S SIGNATURE**

*By signing this recommendation, I acknowledge that the information provided herein is an accurate and true reflection of my assessment of this applicant, and that this recommendation was written entirely by me.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: | |  | | *you may type your name in lieu of your signature* |
| Date: |  | |