Use this form if you waive your right to see this recommendation



2017 FGCU Hall of Fame

Recommendation Form Due Friday, February 24, 2017 by 3:00 pm to tmccaslin@fgcu.edu

Applicant's Name:	Eagle Email:				
I request thatapplication for the 2017 Florida Gulf Coas	t University Ha	complete the co	his form as a recom	mendation in suppo	ort of my
This section is to be completed by reliable description of your a					
renable description of your a	ibilities and e	apericinees in ac	dvides ni wineii y	ou were unecuy.	iiivoiveu.
How long have you known the applicant?In what capacity?					
Please indicate your level of understanding Coast University.		t as you compare h		lents you have knov	vn at Florida Gulf
	Top 5% (superior)	Top 25% (outstanding)	Top 50% (above average)	No opportur	nity to observe
Effectiveness as a leader					
Increasing experience level as a leader during their University career					
Demonstrated service to the					<u> </u>
University community					
Academic excellence					
Demonstrated evidence of ethical					
behavior in their interaction with					
others Assists with the development of					
leadership in others as a peer mentor					
				_	
Signature, title and email of person completing recommendation					Date
	1 5	-			
Please submit a recommendation narrative		- مال منظم الله الله الله الله الله الله الله الل	£11-1.1. f 41		1 11

