**This section to be filled out by the applicant, please print legibly**

______________________________  ________________________________  
Full Name                                  PID#

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (UCSD PPM 160-2) students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

☐ I waive my right to access this recommendation

☐ I do not waive my right to access this recommendation

_I hereby authorize ____________________________ to complete this recommendation with the understanding that the information will be kept confidential._

Applicant’s signature: ____________________________  Date: ______________

**This Section to be completed by the individual making the recommendation**

The student above is applying for the position of Triton Community Programming Leader (TCPL) and has selected you to provide a letter of recommendation. Please respond to the following on the applicant’s behalf. Feel free to use another sheet of paper to expand on the questions. For more information regarding the position, visit [http://parents.ucsd.edu/about/staff.html](http://parents.ucsd.edu/about/staff.html).

How long have you known the applicant? ____________________________

In what capacity have you known the applicant? ____________________________

Based on your interactions and experience with this applicant, how would you rate them on the following skills? Please check the appropriate box.

<table>
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<tr>
<th>DEMONSTRATED ABILITIES</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NOT OBSERVED</th>
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<tbody>
<tr>
<td>Ability to lead</td>
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<td>Ability to work in a team</td>
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<td>Ability to speak to a large audience</td>
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<td>Ability to solve problems</td>
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<td>Ability to draw solutions</td>
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<td>Ability to think critically</td>
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<td>Ability to be communicate with people of different cultures</td>
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<td>Ability to be professional</td>
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</tbody>
</table>
Please describe the qualities, strengths, or accomplishments the applicant possesses or has demonstrated that will contribute to the Office of Parent & Family Programs and the position of Triton Community Programming Leader (TCPL).

_____________________________________________________________________________
_____________________________________________________________________________
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_____________________________________________________________________________

Please indicate the confidence with which you would or would not recommend the applicant for the position of Triton Community Programming Leader (TCPL).

☐ Strongly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

Signature: ________________________________ Date: ______________

Name (please print)

Position Title __________________________ Department/Organization __________________________

Phone Number __________________________ Email __________________________

This letter of recommendation is due no later than Thursday April 27th at 4:30 p.m.

Please return this letter in a sealed envelope directly to the applicant OR email it to parents@ucsd.edu (with the subject line “TCPL Recommendation Form”), OR mail the letter to the Office of Parent & Family Programs as shown below.

Attn: TCPL Recommendation Form
UCSD Parent & Family Programs
Student Services Center – Triton Center
9500 Gilman Drive #0075, La Jolla, CA 92093

If you have questions, call (858) 534-7273 or email parents@ucsd.edu.