Mid-Atlantic Association of Forensic Scientists Scholarship Recommendation Form

Candidate: Please indicate whether or not this letter of reference is confidential or non-confidential by your signature below.

I waive my rights to inspect and review this letter of reference; it Will be confidential. I wish to have the right to inspect and review this	J					
letter of reference; it Will Not be confidential.						
Candidate Name				Date		
Professor/Mentor Name						
Signature						
Title		-				
College/Institutution						
Address						
Contact Phone Number Please check the appropriate code: O=Outstanding E=	Excellent (G=Good A=A	verage BA=Bel	ow Average N	II=No Informat	ion
	0	E	G	Α	BA	NI
Knowledge of Subject Matter						
Ability to work with others						
Communication Skills						
Leadership						
Reliability						
Initiative						
Maturity						
Integrity						
Attitude						

Please feel free to give us any additional comments you feel may be helpful to us. (Attach additional sheets if necessary.)

I have read the candidate's application ar	nd find it to be true and acc	curate to the best of my knowledge.
AGREE	DISAGREE	NOT APPLICABLE