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STUDENT REGENT NOMINATION RECOMMENDATION FORM

TO THE APPLICANT: Distribute copies of this form to persons familiar with your qualifications and your desire to serve as Student Regent.

Application packet must be turned in by 5:00 p.m., January 19, 2024, to:

Staci Penn, Board Relations Specialist

Staci\_Penn@Baylor.edu

TYPE OR PRINT THE FOLLOWING INFORMATION

Applicant Name: Student ID Mailing Address: Cell Phone Number: Academic Major: Semesters Completed as a Full-Time Student at Baylor University (as of January 2024): Name of Evaluator: I hereby waive do not waive the right to examine this evaluation

Applicant’s Signature: Date:

TO THE EVALUATOR: The person named above has applied to be a Student Regent at Baylor University and has asked you to evaluate his/her ability to serve in this role. The first-term Student Regent is a non- voting member of the Board of Regents who works on behalf of the best interest of Baylor University through facilitating and communicating the views and interests of students. If the applicant has not waived the right to review this rating form, it will be considered non-confidential and the applicant will have, upon request, the ability to view the information you have provided.

1. How long have you known the applicant and in what capacity? (Give dates, if possible)
2. Recommendation of the applicant concerning the position of Student Regent (check on):

 I recommend the applicant with confidence.

 I recommend the applicant with reservation. (Please explain in Item #5)

 I do not recommend the applicant. (Please explain in Item #5)

1. I would rank this applicant in the top % of approximately (#) students or

 (other association) I have taught/advised in the past years.

1. Please rate the applicant in each area listed below in comparison with others you have known:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | UPPER5% | UPPER10% | UPPER25% | UPPER50% | LOWER50% | NO BASIS TO JUDGE |
| Leadership |  |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |  |
| Oral Expression |  |  |  |  |  |  |
| Written Expression |  |  |  |  |  |  |
| Motivation/Initiative |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Ability to Work with Others |  |  |  |  |  |  |
| Ability to Reason |  |  |  |  |  |  |
| Overall Potential |  |  |  |  |  |  |

1. Please provide an additional assessment of the applicant’s potential for success as a Student Regent. Include any particular strengths and/or weaknesses. Your candid appraisal is appreciated. Attach another sheet, if necessary.

Signature: Name:

Position: Date:

Department/Institution: Phone: