



Peter Stark Producing Program RECOMMENDATION FORM

APPLICANT INFORMATION:

First Name	Last Name
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RECOMMENDER INFORMATION:

First Name	Last Name	Title or Position
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Telephone	Email
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Organization/ Company	Mailing Address
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City	US State/ Territory	Postal Code	Country
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ANALYTICAL INFORMATION:

Recommender Type: Academic Professional Both Academic & Professional

	Top 10%	Top 20%	Top 30%	Top 50%	Below 50%	Unable to Judge
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success in Entertainment Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Against which group are you comparing the applicant? *Examples: All interns or employees I've had, students I know who have entered graduate school, etc.*

In what capacity have you known the applicant?

How long have you known the applicant?

What do you consider the applicant's most outstanding talents or characteristics?

What are the applicant's chief weaknesses, or areas for growth?

SIGNATURE:

Please type your name, understanding that it is legally equivalent to your signature and constitutes your certification that your responses and assessments are accurate and fair to the best of your knowledge.

Recommender's E-Signature

Date of Signature