

Professor Recommendation and Administrator Consent:

Professor's Information (to be filled out by Professor of student's choice):

Professor's Name: _____

Course or Program Taught: _____

Professor's Phone Number: _____

Professor's Email: _____

Student's Name: _____

University: _____

Lowest Ranking 1 2 3 4 5 **Highest Ranking**

Please rank the following in regards to the student:

Student's attentiveness in class 1 2 3 4 5

Student's participation in class 1 2 3 4 5

Student's academic success in class 1 2 3 4 5

Do you recommend that this student be awarded a sponsorship for
their college tuition? 1 2 3 4 5

Professor's Signature _____ Today's Date _____

University Administrator Information (to be filled out by university administrator):

The College agrees to provide transcripts of the student's progress (grades, rank, and whether promoted each year) to Kapadia Education Foundation with the understanding that Kapadia Education Foundation will use this information to decide whether or not to fund the student for each subsequent year.

Name: _____ Signed: _____

Title: _____ Phone Number: _____

Today's Date: _____ Email Address: _____