

D. Letter of Reference for Project ACE

1. Instructions to Students

Fill in your name and MDC-ID and give this form to a **professor or supervisor** who can attest to your ability to participate in a rigorous academic program. Your professor or supervisor will fax it to us to 305-237-6005, or your professor at MDC can mail it to us using inter-office mail.

Student's Name: _____ MDC ID# _____

2. Applying for:

ACE 3-4 at InterAmerican Campus
 ACE 5-6 at InterAmerican Campus

ACE 5-6 at Wolfson Campus

3. Instructions to Professor or Supervisor

Please give your assessment of this student's abilities and potential for participation in a rigorous, accelerated academic curriculum which includes college level classes (namely: CLP1006 Psychology of Personal Effectiveness and CGS1060 Introduction to Microcomputers.) Your candid assessment of this student will play a significant role in his/her selection.

a. How would you rate the student's ability to perform in a special accelerated language program?

<input type="checkbox"/> Grammar	<input type="checkbox"/> Writing	<input type="checkbox"/> Reading	<input type="checkbox"/> Speech	<input type="checkbox"/> Listening
<input type="checkbox"/> Outstanding	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Outstanding
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Poor/Fair	<input type="checkbox"/> Poor/Fair	<input type="checkbox"/> Poor/Fair	<input type="checkbox"/> Poor/Fair	<input type="checkbox"/> Poor/Fair
<input type="checkbox"/> Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak

b. Which descriptions best describe this student (select one per pair)?

<input type="checkbox"/> Punctual/ <input type="checkbox"/> Tardy	<input type="checkbox"/> Prepared/ <input type="checkbox"/> Unprepared	<input type="checkbox"/> Does HW/ <input type="checkbox"/> Doesn't do HW
Attendance: <input type="checkbox"/> Good/ <input type="checkbox"/> Poor	<input type="checkbox"/> Tests well/ <input type="checkbox"/> Tests poorly	<input type="checkbox"/> Participates/ <input type="checkbox"/> No Participation

We welcome your additional comments about this student. Use the back of this form, if necessary.

Name _____ Title: _____ Signature: _____

Phone: _____ E-mail Address _____

Place form in a sealed confidential envelope, sign the back of the envelope, and mail to:

MDC-InterAmerican Campus
 ESL Department – Project ACE
 627 SW 27th Ave. Miami, Florida 33135-2966

MDC-Wolfson Campus
 ESL Department – Project ACE
 300 NE 2 Ave. Miami, Florida 33132-2296