

Workshop on Education in Computer Security (WECS)

Form B: Colleague's Recommendation

_____ is applying to participate in CISR's Workshop on Education in Computer Security. The selected educators will take part in a tutorial and conference on information assurance education. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in bringing new material into the classroom. Feel free to continue on the back of this sheet.

Signature: _____

Date Signed: _____

Name (print): _____

Title: _____

College or university: _____

Address: _____

Phone: _____

E-mail: _____

Please return this form to the applicant in a sealed envelope. It must be included with the application. Thank you.

NOTICE

CISR conducts the Workshop on Education in Computer Security in order to promote information assurance related education. The information obtained from the recommendation will be used in the selection of the educators who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially.