

SUMMER  **SESSIONS**

SUMMER PROGRAM FOR PRE-COLLEGE STUDENTS LETTER OF RECOMMENDATION:
Academic Teacher

Student's Name: _____

Please type or print your name in the space provided. Then give this form to an academic teacher who knows you well.

Academic Teacher's Name: _____

Please return this completed recommendation form to the Student in a sealed envelope.

To the person completing this recommendation:

The student named above is applying for admission to a UCSB Summer Program. If selected, the student will participate in a program where highly motivated high school students come to campus to attempt new and challenging courses and get a head start on their college experience.

Your candid and thoughtful appraisal of the student's readiness for this college exposure is critical to the student's success. Many students, though intellectually superior, have not yet reached the level of social and psychological maturity required to handle an early introduction to the challenges and opportunities of college life. It would be a disservice to recommend a student who is not really quite ready for this experience. In some cases, from our experience, participation would be discouraging, if not detrimental. Please be frank in your opinions. No candidate is eliminated on the basis of a single negative rating; supporting evidence is obtained from other sources.

If you need additional space for any item, please attach an additional page and identify the item by number.

Compared to other students in his or her class year, how do you rate the student in terms of:

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)
Curiosity					
Initiative, independence					
Reliability					
Positive Mindset					
Self Motivation					
Work in a collaborative group setting					
Intellectual Promise					
Quality of Writing					
Creative, original thought					
Productive class discussion					
Respect accorded by faculty					
Disciplined Work Habits					
Maturity					
Motivation					
Integrity					
Reaction to Setbacks					
Concern for Others					

1. What is the extent of your acquaintance with the student? Please be specific in terms of length of time and the nature of your relationship with the student.

2. What is your appraisal of the student's academic ability and potential?

3. Please describe here at least one attribute (if any) of the student that would ensure his/her benefiting from the program:

4. Please describe here any known attribute of the student that might cause him/her not to benefit from the program:

5. Does the student have any physical, emotional or behavioral limitations that may limit participation in this program?

No Yes If yes, please give details.

6. Do you know of any behavior that suggests that this student is not reliable, honest, or of good character?

No Yes If yes, please give details.

7. Additional comments:

8. Overall recommendation:

- I recommend this student strongly.
- I recommend this student.
- I recommend this student with reservation.
- I believe that this student is unsuited for the program at this time.

Academic Teacher Name (please print)

Subject Area

School

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Work Phone Number

E-mail

Signature

Date

The student's file is incomplete until all materials are received. Please complete this form immediately and return to the student in a sealed envelope. Thanks!