

Chemistry Summer Academy
2015 Summer Academy for Students Entering Grades 8-10
Department of Chemistry
University of Central Oklahoma

RECOMMENDATION FORM

This form must be completed by a teacher, coach, or mentor. It may be returned with the application form, or separately. Letters of recommendation are not accepted.

Student's Name: _____

How do you know this student?

Please check the boxes below to indicate your evaluation of this student in each component of behavior.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
MOTIVATION				
INQUISITIVENESS				
DEPENDABILITY				
PROMPTNESS				
BEHAVIOR				
SOCIAL SKILLS				

Please provide any further comments in the space below.

Signature

Date

Email or phone number

Please return to:

Carla Supon, Administrative Assistant
Department of Chemistry
University of Central Oklahoma
100 N. University Drive, Box 88
Edmond, OK 73034

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