

TOUGALOO COLLEGE

Summer Science & Engineering Program Recommendation Form

To the Student: Fill in your name and Social security number and then give these forms to recent science, math, or English teachers, or to a counselor who knows your work.

Name: _____ S.S.# **XXX -XX -**_____

Phone: () _____

Dear Teacher or Counselor: Please help us to identify students for the summer program. We are especially interested in your assessment of this student's ability, drive, motivation, seriousness, and maturity. You may send a letter if you prefer.

I have known the student for _____ years, _____ months

- as a student in _____ (course names)
 other _____ (what?)

College the student plans to enroll in: _____ Major: _____

| | <i>Top 5%</i> | <i>Next 10%</i> | <i>Next 20%</i> | <i>Next 30%</i> | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <i>Outstanding</i> | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> | <i>Unknown</i> |
| Science Interest <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health Career Interest <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Science Ability <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Math Skills <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| English Skills <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Creativity <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maturity <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motivation <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Persistence <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interest in program <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please write comments here or on the back of this form.

Signed _____ (Printed) _____

Date _____ Dept. _____ Email address _____

High School _____ School Phone _____

School Address _____

Please email this completed form to: Dr. M. Watkins at mwatkins@tougalo.edu
Please use your school email address to eliminate any unauthorized documents
For questions, please contact Dr. M. Watkins at 601-977-7794