

RECOMMENDATION FORM
SWOSU Summer Science and Mathematics Academy

1. Name of Applicant: _____

2. (Optional) I hereby waive my right of access to the material recorded below.

 Signature of Applicant

 Date

TO THE RESPONDENT: May we have your judgment of the candidate's academic potential, level of maturity, and probability of success in a condensed science and mathematics program. Please indicate specific strengths and weaknesses.

I would compare the applicant with other students at the same level as follows:

	Exceptional (top 5%)	Excellent (top 10%)	Above Average (top 25%)	Average
Intellectual Ability				
Communication Skills				
Motivation				
Maturity				
Creativity				
Dependability				

MAT, ITBS, SAT, or ACT percentile: _____ Class Rank: ____ out of _____ GPA: _____

 Signature

 Date

 Name (Typed or printed)

 School