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School Recommendation
 Please return this completed recommendation along
 with a signed, sealed official transcript to:
 Initiatives in STEM
 University of Central Florida
 PO Box 162993
 Orlando, FL 32816-2993

Select Summer Program:

Biology Computer Science Competitive Programming

Student: Complete the top portion of this form, then pass it on to your college advisor, guidance counselor, principal, teacher, or school representative. **This form MUST be accompanied by an official high school transcript.**

STUDENT Completes Top Portion

Name: Last _____ First _____ MI _____ Last Four SS#: _____

Student Email: _____ Student Phone: _____

School Name: _____

City: _____ County: _____ State: _____

I authorize the release of the requested information to the Summer Institute at the University of Central Florida

Student Signature: _____ **Date:** _____



The following portion is to be completed by a school official (guidance counselor, advisor, teacher.) This form must be returned with a copy of the student's high school transcript. The envelope should be sealed and signed by the school official. The high school transcript must include mid-term grades and a report of PSAT, SAT, or ACT scores. HOMESCHOOL STUDENTS must submit curriculum documentation.

School Official Name: _____

School Phone: _____ Email: _____

How long have you known the student and in what capacity? _____



Current unweighted GPA: _____ on a _____ scale **Class rank:** _____ out of _____ students

Most recent SAT, PSAT, or ACT scores, if applicable:

SAT: Date _____ Math _____ Verbal _____

PSAT: Date _____ Math _____ Verbal _____ Section Index (SI) _____

ACT: Date _____ Math _____ Composite _____

Signature _____ **Date** _____