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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** \_\_\_\_\_