

Select Summer Program:

B

School Recommendation

Please return this completed recommendation along with a signed official transcript to: STEM@ucf.edu

If the official transcript cannot be emailed, please send to:

Initiatives in STEM

University of Central Florida ATTN: Melissa Dagley PO Box 162993 Orlando, FL 32816-2993

		panied by an official h		•	
Name: Last					
Student Email:School Name:					
City:					
I authorize the release of the	e requested information	n to the Summer Institute	e at the Univers	ity of Central Florida	
Student Signature:			Da	te:	
with a copy of the student The high school transcript: ACT scores. HOMESCHOOL School Official Name: School Phone: How long have you known	should be signed by the STUDENTS must subm	school official and must nit curriculum document Email:	include mid-te ation.	rm grades and a rep	ort of PSAT, SAT, or
Current unweighted GPA: _	on a	scale Class	rank:	out of	students
Most recent SAT, PSAT, or A	CT scores, if applicable	:			
SAT: Date	Math	Verbal			
PSAT: Date	Math	Verbal	Sec	ction Index (SI)	
ACT: Date	Math	Composite			