

B

## **School Recommendation**

Please return this completed recommendation along with a signed official transcript to: <a href="mailto:STEM@ucf.edu">STEM@ucf.edu</a>

If the official transcript cannot be emailed, please contact us at STEM@ucf.edu for an alternative method.

Select S	Summer Program:						
□ в	iology   Compute	r Science	npetitive Progra	mming			
	t: Complete the top por representative. This fo					selor, principal, teache	r, or
Name: Last First Student Email:				N	MI Last Four SS#:		
				Student Phone:			
School	Name:						_
City:		County:		State:			
I autho	rize the release of the re	equested information	to the Summer	Institute at the l	University of Central	Florida.	
Student Signature:				Date:			
with a The h ACT s	ollowing portion is to be a copy of the student's igh school transcript sho cores. HOMESCHOOL S'	high school transcrip ould be signed by the TUDENTS must submi	t directly to <u>STE</u> school official a it curriculum do	M@ucf.edu from must include cumentation.	n the school official' mid-term grades ar	s professional email ac nd a report of PSAT, SA	count
Schoo	ol Phone:		Email:				
How I	ong have you known the	e student and in what	capacity?				
Curren	t unweighted GPA:	on a	scale	Class rank:	out of _	students	5
Most r	ecent SAT, PSAT, or ACT	scores, if applicable:					
SAT:	Date	Math	Verba	I			
PSAT:	Date	Math	Verba	I	Section Index (S	51)	
ACT:	Date Math Composi		osite	_			
Signatu	ıre				Date		