

B

## **School Recommendation**

Please return this completed recommendation along with a signed official transcript to:  $\underline{\text{STEM@ucf.edu}}$ 

Select Summer Program:					
☐ Comput	er Science	Mathematical Exploration	n	Camp Connect Advan	ced
Student: Complete the top poschool representative. This for					incipal, teacher, or
Name: Last		First	MI	Last Four SS#: _	
Student Non-School Email:			Student Phone:		
School Name:					
City:					
Parent/Guardian Name:		Email:			
I authorize the release of the r	equested informatio	n to the Summer Institut	e at the Unive	rsity of Central Florida.	
Student Signature:				Date:	
scores (if applicable). HOME School Official Name:					
School Phone:		Email:			
How long have you known th	ne student and in wh	at capacity?			
Current unweighted GPA:	on a	scale Clas	s rank:	out of	students
Most recent SAT, PSAT, or AC	T scores, if applicabl	le:			
SAT: Date	Math	Verbal			
PSAT: Date	Math	Verbal		Section Index (SI)	
ACT: Date	Math	Composite			
Signature				Data	