UCF

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Instructor Recommendation
Please return this completed recommendation to:
STEM@ucf.edu

Form should be scanned and sent directly from teacher's professional email account.

Select Summer Program:

☐ AI, Robotics, Entrepreneurship   ☐ Computer Science   ☐ Mathematical Exploration   ☐ Camp Connect Advanced

Student: Complete the top portion of this form, then pass it on to your teacher.

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

Student **Non-School** Email: _____   Student Phone: _____

School   Name: _____

City: _____   County: _____   State: _____

Parent/Guardian Name: _____   Parent/Guardian Email: _____

I authorize my teacher to provide the requested information to the Summer Institute at the University of Central Florida.

Student Signature: _____   Date: _____

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Teacher: Please use the 5-level rating scale to evaluate the student's performance relative to other students with whom you have worked.

	Below Average	Average (Top 50%)	Good (Top 25%)	Excellent (Top 5%)	Outstanding (Top 2%)
Factual knowledge					
Likes to solve difficult problems					
Creativity					
Tenacity/Effort					
Learns Information quickly					
Self-confidence					
Works well with peers					
Discipline					

Please elaborate on the student's intellectual capability, performance, and accomplishments. If needed, add any additional comments on a separate sheet.

Teacher Name: _____

Phone: _____   Email: _____

Class taught: _____   Rank in class: _____ out of _____ students

Teacher Signature _____   Date _____