

**UNIVERSITY OF DELAWARE
UPWARD BOUND MATH/SCIENCE**

<i>CONFIDENTIAL</i>

MATH/SCIENCE TEACHER RECOMMENDATION FORM FOR UPWARD BOUND MATH/SCIENCE

The student noted below has applied to the Upward Bound Math/Science program at the UNIVERSITY OF DELAWARE. Please assess the student in the following areas. In making your assessment compare with other students of similar levels of experience and education.

Student: _____
(Name) *(School)*

Teacher: _____
(Name) *(Subject)*

	<i>POOR</i>				<i>EXCELLENT</i>
Overall academic potential:	1	2	3	4	5
Motivation:	1	2	3	4	5
Self-discipline:	1	2	3	4	5
Self-reliance:	1	2	3	4	5
Perseverance:	1	2	3	4	5
Cooperativeness:	1	2	3	4	5
Ability to get along with others:	1	2	3	4	5
Regard for rules/regulations:	1	2	3	4	5
Math/science ability:	1	2	3	4	5

- Your overall assessment of this student:**
- Highly recommend**
 - Recommend with reservation**
 - Do not recommend**

Please provide additional comments on the back of this form, as appropriate. We would appreciate comments concerning the student's potential for college-level work and a career in mathematics or science. We are also interested in the student's ability to adapt to dormitory and university living.

Teacher's Signature: _____ Date: ____/____/____

Please return recommendation to: Academic Enrichment Center-UBMS, University of Delaware, Newark, DE, 19716, or fax to 302/831-4128. If you have any questions, please call us at 302/831-6373. Thank you for your help!