

2024 Health Science Enrichment Workshop

Faculty/Teacher Recommendation for Admittance into the 2024 Workshop

Applicant Name (please print): _____

I hereby waive my right to have access to this recommendation form.

Applicant Signature: _____ Date: _____

1. Rate this individual in the qualities listed below by checking the appropriate spaces.

Characteristics	Superior	Good	Fair	Poor	No Basis for Judgment
Intellectual Ability					
Accountability					
Emotional Stability					
Attitude					
Motivation					
Ability to Get Along with Others					
Ethical Behavior					
Self Confidence					
Maturity					
Initiative					

Comments: _____

2. Do you have confidence in this individual's integrity? Circle: YES or NO

Comments: _____

3. Circle your overall recommendation of this individual: RECOMMENDED or NOT RECOMMENDED

Comments: _____

Teacher Signature: _____ Date _____

Printed Name: _____

Note to applicant: please upload this completed recommendation form with your online application, unofficial transcripts, and essay.