MURRAY
STATE COLLEGE

MSC Summer College STEM Academy
Student Recommendation Form

STUDENT: _____ SCHOOL: _____
Last First Middle

STUDENT ADDRESS: _____ PHONE: _____
Street City Zip

(Optional) *I hereby waive my right of access to the material recorded below*:

Signature of Parent/ Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

NAME OF EVALUATOR: _____ POSITION: _____

SCHOOL: _____ CITY: _____

PLEASE CIRCLE THE RATING that best represents your perception of this student and provide any comments that might be helpful in the selection process.

Characteristic	**Rating (5=High)**	**Comments**
Interest in Science, Technology, Engineering, or Math activities	1 2 3 4 5 Unknown	
Pleasant Attitude	1 2 3 4 5 Unknown	
Likes to Learn	1 2 3 4 5 Unknown	
Responsible	1 2 3 4 5 Unknown	
Cooperative	1 2 3 4 5 Unknown	
Pays Attention	1 2 3 4 5 Unknown	
Personal Maturity	1 2 3 4 5 Unknown	

OVERALL RECOMMENTAION:

____ Highly recommend _____ Recommend with hesitation
____ Recommend _____ Do Not Recommend this student

Acceptance into this program is extremely competitive. Please tell us what makes this student stand out among his/hers peers. Both positive and negative feedback is helpful. Additional pages or back of page accepted.

Mail, fax or email scanned form to:

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Fax: 580-371-9844 Email: mcobb@mscok.edu For questions, call 580-387-7142