SAVANNAH STATE UNIVERSITY  
NSF MAGEC-STEM Plus PROGRAM  
P.O. Box 40289, Savannah, GA  31404  
Phone   (912) 358-4283  
Fax   (912) 358-4786

HIGH SCHOOL STUDENT REFERENCE FORM

TO BE COMPLETED BY STUDENT (PLEASE PRINT)
(Fill in your name and high school and submit this form to your guidance counselor, teacher or principal. By giving this form to your counselor, teacher or principal, you release the respondent to give a recommendation in confidence to the NSF MAGEC-STEM Plus Program) Two references required.

Student Name  ____________________________________________  SS# _________________________________  
School ____________________________________________________   Home Phone (_____)___________________

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR, TEACHER OR PRINCIPAL
RECOMMENDATION / EVALUATION

1. How long and in what capacity have you known the applicant?
   _______________________________________________________________________________________

2. Please indicate your observation in the following areas:
   Outstanding □ Good □ Average □ Poor □ No Observation
   __________________________  ___________  __________________________  __________________________  __________________________  
   Academic Achievement  Motivation  Peer Acceptance  Social Maturity  Self Discipline  Integrity  Cooperative Spirit  
   Attitude Toward Authority  Potential for Success

Do you recommend the applicant for admission into the MAGEC-STEM Plus PROGRAM?

□ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservations  ☐ Prefer Not to Recommend

COMMENTS: ______________________________________________________________________________________
   ______________________________________________________________________________________

Name (Please Print)  __________________________________      Position  ________________________________
High School  ____________________________________________________________________________________
Street Address  ____________________________________________________________________________________
City/State/Zip  __________________________   Phone __________________________
Signature  __________________________________      Date ________________________________

PLEASE RETURN COMPLETED FORM TO ABOVE ADDRESS:  ATTN:  Mr. Kenneth B. Williams, Jr.