

**SAVANNAH STATE UNIVERSITY**

**NSF MAGEC-STEM PROGRAM**

**P.O. Box 20005**

**Savannah, GA 31404**

**Phone (912) 351-6485**

**Fax (912) 351- 6487**

**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 PROGRAM.) **Two references needed.**

Student Name \_\_\_\_\_

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend the applicant for admission into the MAGEC-STEM 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: CATHERINE R. DENNY**