



1331 Murphy Hall, Los Angeles, CA 90095-1418

www.summer.ucla.edu/institutes

institutes@summer.ucla.edu

ph: 310.825.4101

fax: 310.825.1528

**SUMMER SCHOLARS SUPPORT FOR
CALIFORNIA HIGH SCHOOL STUDENTS
RECOMMENDATION FORM**

Instructions to Applicant (please print)

Fill in your last name, first name, registration number, and program/course. Ask your Recommender to complete this form and return it to you in sealed envelope for your application packet. Please allow your Recommender at least 2 weeks to complete this form.

Student Last Name _____ Student First Name _____
Program/Course _____ Registration Number _____

Instructions to Recommender (please print)

Please complete the following and return the form to your student in a sealed envelope.

Recommender Last Name _____ Recommender First Name _____
Institution/Company _____ Recommender Job Title _____
Recommender Email Address _____ Recommender Phone Number _____

Evaluation (please print)

How do you know the applicant? _____

How long have you known the applicant? _____

Please rate the applicant on the following attributes (please check a box for each category):

	Below Average	Average	Above Average	No Answer
Academic ability				
Artistic ability				
Ability to complete a rigorous college program				
Leadership potential				
Maturity among peers				
Challenges himself/herself				
Time management skills				

In the space below, please provide your assessment of the student's potential and motivation for attending and succeeding in college, as well as the student's ability and personality to be successful in an intensive and highly-participatory learning environment. If you wish to elaborate further about this student, please attach a separate sheet to this document.

Recommender's Signature _____ Date _____