TO BE COMPLETED BY STUDENT BEFORE SUBMITTING TO TEACHER FOR RECOMMENDATION.

Student’s Name ____________________________________________________________

LAST FIRST M. I.

Name of High School _______________________________________________________

TEACHER RECOMMENDATION (Math Teacher)

Name and Title ____________________________________________________________

School/Organization _______________________________________________________

How long have you know the student and in what capacity? __________________________

Please tell us in narrative form why you endorse this student for the ESTEEM/SER-Quest Program. Address what you know about the student’s academic performance, participation in school activities as well as their character, reliability, conduct and general qualifications for participation in ESTEEM. Attach an additional sheet of paper if necessary. PLEASE PLACE THIS RECOMMENDATION FORM ALONG WITH YOUR COMMENTS IN A SEALED ENVELOPE and mail to: Center for Minorities in Science and Engineering, 1131 Glenn L. Martin Hall, ATTN: ESTEEM/SER-Quest, College Park, MD 20742.

How would you rate the student in the following areas? (Check only one per category)

1. Ability to Follow Rules and Directions
   - Always follows
   - Sometimes Follows
   - Seldom Follows
   - Never Follows

2. Motivation
   - Highly Motivated
   - Sometimes Motivated
   - Seldom Motivated
   - Lacks Motivation

3. Maturity
   - Always Exhibits Maturity
   - Sometimes Exhibits Maturity
   - Seldom Exhibits Maturity
   - Immature

Signature __________________________ Date __________________________

ESTEEM RESEARCH MENTORING PROGRAM
APPLICATION FORM DEADLINE: April 11, 2014