Student Name:					
Last	First	Middle			
Gender: 🗌 Female 🔄 Male	School Name:				

IU JIM HOLLAND SUMMER SCIENCE RESEARCH PROGRAM TEACHER RECOMMENDATION FORM

(Please fill in PDF documents, print, and sign before mailing.)

The student who has provided you this form is applying for participation in the Jim Holland Summer Science Research Program on the Indiana University Bloomington campus. Students being considered for participation are currently in grade 9, 10, or 11, have a sincere interest in science and in attending college or a university, and are academically on track to do so. They should have a *minimum* GPA of 3.2 (non-weighted).

The application process requires recommendations from two (2) teachers who are capable of judging the academic promise of the student. Please complete the following for this student:

- Evaluation Form
- A personal letter of recommendation

Please return the evaluation form **and** the separate recommendation in a **sealed envelope**, with your **signature written across the sealed flap**, in time for the student to meet the following **deadline of April 10, 2015**. The sealed envelope should be given to the student or mailed directly to: *PLEASE DO NOT FAX OR EMAIL DOCUMENTS*.

Indiana University Department of Biology Attn: Jim Holland Summer Enrichment Program Selection Committee 1001 East Third Street / Jordan Hall 326 Bloomington, IN 47405-3700

Late forms and letters will eliminate the student from consideration.

Please provide the following information:

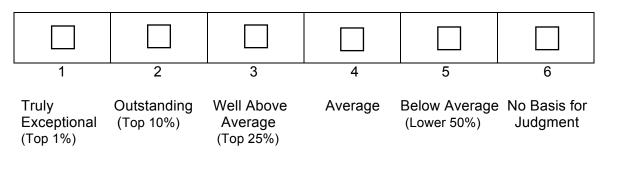
Teacher Name (P	Please Print)			
School Name				
School Address:				
	Street Name and Number			
	City	St	ate	Zip Code
Phone Number:	_() ext			
Email Address _		_ Subject A	rea	
How long have y	ou known the applicant?			

Student Name: Last		First	Middle
Gender: 🗌 Female 🗌 Male	School Name: _		

Teacher Evaluation Form: Place a check mark or "X" in the appropriate column for each statement.

	Truly Exceptional (Top 1%)	Outstanding (Top 10%)	Well Above Average (Top 25%)	Average	Below Average (Lower 50%)	No Basis for Judgment
Eagerness to learn						
General academic achievement						
Achievement in Science/Math						
Cooperative (works well with others)						
Ability to follow instructions						
Shows respect for adults						
Self-motivated; able to work independently						
Disciplined (focus on task at hand)						
Demonstrates innate curiosity						
Problem-solving skills						
Displays maturity						

Applicant's overall suitability for program: Please indicate the strength of your overall endorsement of this applicant by placing a single "X" in one of the boxes:



Teacher Signature

____/ ___/ Date (mm/dd/yyyy)

Student Name:			
Last	F	irst	Middle
Gender: 🗌 Female 🗌 Male	School Name:		

Letter of Recommendation: Thank you for agreeing to write a teacher recommendation for the above-mentioned applicant. Your recommendation will provide important information that will assist us in our evaluation of the applicant. Please comment on qualities that the applicant has as it relates to his/her suitability for the program. Areas that might be addressed include: The benefits you feel the student would receive from this program and what he/she might contribute; personal qualities of the student that might particularly recommend him/her for this program; any awards, special activities, or projects that indicate talent and potential in the sciences; and any necessary explanation, if the student's record does not seem to accurately reflect his or her abilities. We thank you for your thorough, complete, and honest recommendation of this applicant.

Dear Selection Committee:

Date (mm/dd/yyyy)