

Student Name:	_____	_____	_____
	Last	First	Middle
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	School Name: _____

IU JIM HOLLAND SUMMER ENRICHMENT 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 Enrichment Program on the Indiana University Bloomington campus. Students being considered for participation are currently in grade 8, 9, or 10, 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 3.0 (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 (Please Print) _____

School Name _____

School Address: _____

Street Name and Number

City

State

Zip Code

Phone Number: _(____)_____ ext. _____

Email Address _____ **Subject Area** _____

How long have you known the applicant? _____

Student Name: _____
Last First 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:

Teacher Signature

_____/_____/_____
Date (mm/dd/yyyy)