

Math/Science Upward Bound  
 1570 Colorado Blvd. Room D-114  
 Pasadena, CA. 91106  
 626-585-3114

## Teacher/Counselor Recommendation for PCC Math/Science Upward Bound Program

**APPLICANT:** Fill out this portion of the recommendation, providing the information requested. Give this to a teacher or counselor who will recommend you to our program.

**Student's Name:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Dear Teacher/ Counselor:**

*The student named above is applying to the Math/Science Upward Bound Program at Pasadena City College. This program attempts to help low-income and first generation high school students improve their achievement in high school for eventual admission to the college or university of the choice.*

During the academic year we provide students with assistance in their courses, and advise them about their college and career choices. Please give us your impression of the student. Would he/she benefit from the Math/Science Upward Bound Program and would he/she contribute to the program's success? Please comment freely on rear of the form if necessary. If you have any questions please call 626-585-3114. Thank you for your assistance.

	Below Average	Average	Above Average	Excellent Top 10%	Outstanding Top 2%
<b>Ability</b>					
<b>Motivation</b>					
<b>Self Discipline</b>					
<b>Writing Skills</b>					
<b>Oral Skills</b>					
<b>Math Skills</b>					
<b>Leadership</b>					
<b>Self Confidence</b>					
<b>Emotional Maturity</b>					
<b>Concerns For Others</b>					
<b>Personal Initiative</b>					
<b>Respected by Peers</b>					
<b>Respected by Faculty</b>					

**Additional Information:**

**Teacher's/Counselor's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_