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**School Recommendation**

Please return this completed recommendation along with a signed official transcript to: [STEM@ucf.edu](mailto:STEM@ucf.edu)

**If the official transcript cannot be emailed, please contact us at [STEM@ucf.edu](mailto:STEM@ucf.edu) or send the transcript to our mailing address:**

University of Central Florida  
Initiatives in STEM  
Attn: Melissa Dagley  
PO Box 162993  
Orlando, FL 32816-2993

**Select Summer Program:**

- Biology     Computer Science     Competitive Programming     Camp Connect Advanced

**Student:** Complete the top portion of this form, then pass it on to your college advisor, guidance counselor, principal, teacher, or school representative. **This form MUST be accompanied by an official high school transcript.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last Four SS#: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

I authorize the release of the requested information to the Summer Institute at the University of Central Florida.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following portion is to be completed by a school official (guidance counselor, advisor, teacher.) This form must be sent along with a **copy of the student's high school transcript** directly to [STEM@ucf.edu](mailto:STEM@ucf.edu) from the school official's professional email account. The high school transcript should be signed by the school official and must include mid-term grades and a report of PSAT, SAT, or ACT scores. HOMESCHOOL STUDENTS must submit curriculum documentation.

School Official Name: \_\_\_\_\_

School Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the student and in what capacity? \_\_\_\_\_

**Current unweighted GPA:** \_\_\_\_\_ on a \_\_\_\_\_ scale    **Class rank:** \_\_\_\_\_ out of \_\_\_\_\_ students

**Most recent SAT, PSAT, or ACT scores, if applicable:**

SAT:    Date \_\_\_\_\_    Math \_\_\_\_\_    Verbal \_\_\_\_\_

PSAT:    Date \_\_\_\_\_    Math \_\_\_\_\_    Verbal \_\_\_\_\_    Section Index (SI) \_\_\_\_\_

ACT:    Date \_\_\_\_\_    Math \_\_\_\_\_    Composite \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_