James Perry Kelly Memorial Summer Science Writing Internship

COUNSELOR'S RECOMMENDATION

NOTE TO APPLICANT: Complete page 5 and deliver pages 5-7 to counselor.

PLEASE PRINT OR TYPE

Name of Applicant _______________________________________________

Last First MI

School Attending ____________________________ Grade

Is applicant claiming one or more of the following disadvantages:

economic _____? educational _____? geographical _____? physical _____?

UTMB is an Affirmative Action Minority/Female/Handicapped Employer.

NOTE TO COUNSELOR: The student whose name appears above is applying for a position in the UTMB James Perry Kelly Memorial Summer Science Writing Internship. Your candid estimate of academic performance, intellectual promise and personal qualities is important to the selection committee in making final selections for this summer's program. Because of federal legislation giving students access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below.

Counselor should return this recommendation form directly to:

Raul Reyes
Director of Media Relations
301 University Blvd.
Galveston, TX  77555-0144

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

______________________________________________________________
Signature of Applicant

______________________________________________________________
Date

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Page 2
1. How long have you known this applicant? ____ year(s) ____ month(s).

2. Your interactions with this student have been:
   occasional ____/ moderately often ____/ very often _____.

3. Please validate some information from the transcript:
   a) What is the student’s GPA?________ If no GPA, please explain:_____________________________
   b) What is the size of the student’s graduating class?____________________________
   c) What is the student’s class rank?_______ If no ranking, please explain:________________________
   d) Standardized test scores:
      PSAT/SAT
      Math_____ Verbal_____ Reading_____ Science_____ Reasoning_____ Writing_____ Comp_____
      ACT
      Math_____ Verbal_____ Reading_____ Science_____ Reasoning_____ Writing_____ Comp_____

4. ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL: Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

<table>
<thead>
<tr>
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<th>Truly Exceptional (Top 1%)</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Very Good (Top 25%)</th>
<th>Satisfactory (Top 50%)</th>
<th>Average (Lower 50%)</th>
<th>No Basis for Judgment</th>
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<td>General academic achievement</td>
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<td>Achievement in math/science</td>
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<td>Scientific motivation</td>
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<td>Oral expression</td>
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<td>Written expression</td>
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<td>Imagination/creativity potential</td>
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<td>Ability to interact with peers</td>
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<td>Ability to work independently</td>
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<td>Maturity</td>
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</table>

COUNSELOR'S RECOMMENDATION

Page 3
5. Applicant's overall suitability for the James Perry Kelly Summer Science Writing Internship. Please indicate the strength of your overall endorsement of this applicant by placing a single checkmark in one of the boxes:

<table>
<thead>
<tr>
<th></th>
<th>1 Truly Exceptional (Top 1%)</th>
<th>2 Outstanding (Top 5%)</th>
<th>3 Excellent (Top 10%)</th>
<th>4 Very Good (Top 25%)</th>
<th>5 Satisfactory (Top 50%)</th>
<th>6 Average (Lower 50%)</th>
<th>7 No Basis for Judgment</th>
</tr>
</thead>
</table>

6. Elaborate on the strengths and limitations of the applicant as they relate to his/her suitability for this summer program. What differentiates this student from other students you have encountered? Do you expect this program to benefit the applicant significantly? (Use the back of this page if necessary.)

7. If the applicant claimed a disadvantage (see cover sheet), please assess the validity of that claim.

__________________________________________________________________________
Signature of Counselor

__________________________________________________________________________
Printed Name of Counselor

__________________________________________________________________________
High School Street Address City State Zip Code

__________________________________________________________________________
Date Work Email Address

__________________________________________________________________________
Work Phone