

RECOMMENDATION FORM
Classic Upward Bound Program
Norfolk State University
700 Park Avenue
Norfolk, Virginia 23504

INSTRUCTIONS:

Applicant: Complete Part I of this form and then give it to the person who will write the recommendation, If your reference returns the form to you, (1) leave it sealed, (2) place it with the other documents in your application packer, and (3) submit it to the Guidance Counselor or mail or bring it to the address above.

Reference: Complete Part II of this form and return to the student or guidance counselor.

PART I: STUDENT INFORMATION (For student to complete), (Please print or type)

Applicant's Name _____
Last First Middle Initial

Email Address: _____ Phone Number _____

Parent's Name(s) _____

Parent's Email _____ Phone Number: (H) _____ (C) _____

PART II: Recommendation: (To be completed by Teacher, School administration or community leader)

Name: _____ Position: _____ School: _____

Email Address: _____ Phone Contact: (Day) _____

In what ways(s) have you come to know the applicant? (check all that apply)

- I am the applicant's current teacher
- I am/was the Superintendent, Assistant Superintendent, Principal, or in some way the supervisor of the applicant in a school or school system
- I taught the applicant in Middle/High School (circle one)

Other (Please explain) _____

What is your evaluation of the applicant in terms of?

	Below Average	Average	Above Average	Exceptional	Don't Know
Scholarship					
Academic Potential					
Initiative					
Ability to communicate orally					
Ability to work with others					
Dependability					
Ability to write					