

Recommendation Form

Students must submit two recommendation forms. One must be from a teacher who has taught the student in an academic course within the past two years who can attest to the student's academic abilities. The second recommendation can be from any adult who can speak to the student's abilities and character (teachers, counselors, advisors, coaches, employers, etc.)

Applicant's Name _____

The above-named student is applying for admission to the *Young Entrepreneurs for Leadership and Change: Summer Program for High School Students at the University of Florida*. Students enrolled in the program will complete two college-level courses and at least 75 hours of community service while living on campus for six weeks. They will be involved in numerous activities related to entrepreneurship, leadership, and creating positive social change. The students must be able to perform at a college level and should be responsible and get along well with others. We appreciate your help in evaluating the applicant.

How long have you known this student?

In what capacity have you known this student?

Please indicate your impression of the student in the following areas (feel free to add any appropriate additional comments):

- a. The student has a high degree of academic ability and is capable of performing well in a college-level course.
 Agree 10 9 8 7 6 5 4 3 2 1 Disagree
- b. The student works well independently, and is capable of being motivated and productive with limited supervision.
 Agree 10 9 8 7 6 5 4 3 2 1 Disagree
- c. The student shows respect and appreciation for others, and in general, works well with others, both peers and adults.
 Agree 10 9 8 7 6 5 4 3 2 1 Disagree
- d. The student has the maturity and sense of responsibility necessary to live and study for six weeks in a college setting.
 Agree 10 9 8 7 6 5 4 3 2 1 Disagree
- f. This student ranks in the Top 1% _____ Top 5% _____ Top 10% _____ Other _____% of students I have taught.

Please provide additional information about the student's strengths and challenges as well as your evaluation of their ability to be a success in this summer program. You may write below or attach separate sheets.

Overall, I recommend without reservation / recommend / do not recommend (circle one) this student.

Recommender's Signature:

Date:

Recommender's Name, Printed:

Recommender's School or Affiliation:

Recommender's Phone Number:

Recommender's E-Mail:

If you have any questions or concerns, contact Dr. Kristin Joos at ufyoungentrepreneurs@gmail.com or 352.273.0355
Young Entrepreneurs for Leadership & Change Summer Program <http://www.ufyoungentrepreneurs.org>