 

**2018 Reproduction and Oncofertility Science Academy at UC San Diego**

**A Summer Academy of the Department of Reproductive Medicine**

**Teacher Recommendation Form – 2018 UCSD ROSA Science Academy**

Students who will benefit the most from the **UCSD Reproduction and Oncofertility Science Academy** are those with a strong curiosity and willingness to learn from and work with others. Please tell us if you think this applicant has demonstrated a commitment that will indicate her motivation to fully participate in the summer program (six Saturday sessions and twice a weekday seminars), quizzes, complete independent inquiry work, and contribute to group activities.

To be completed by a science teacher who is familiar with the applicant .. Thank you for your help. This information will be held in confidence. Please Email the completed recommendation by **February 9, 2018** to: Patricia Winter, Reproduction and Oncofertility Science Academy Coordinator, patriciawinter09@gmail.com . Teacher Recommendation will ONLY be accepted by E-mail/electronically directly to Patricia Winter. Please do not send to the student.

Applicant name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Teacher Name and Subjects taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If needed, when is best time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please complete the following matrix regarding the student applicant as part of your recommendation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Below Average | Average | Good(Above Average) | Very Good(Well above average) | Superior | One of the top few ever encountered |
| Performance in class |  |  |  |  |  |  |
| Demonstrates intellectual curiosity |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Academic ability |  |  |  |  |  |  |
| Enjoys academic tasks |  |  |  |  |  |  |
| Is not easily discouraged |  |  |  |  |  |  |
| Expresses enthusiasm about challenges |  |  |  |  |  |  |
| Works well with others |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Concern for others |  |  |  |  |  |  |

 **Continue below with additional information** about your recommendation. If you have any reservations about the applicant in any of the above areas, please include that information.

 Recommendation by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include additional information that will help us in selecting from a large pool of qualified applicants. Your comments will be held confidential and appreciated.