Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last Name

**TO THE STUDENT:** This form should be completed by a present or former teacher, counselor, dean, and/or principal of your choice.

**TO THE PERSON COMPLETING THE RECOMMENDATION:** Your frank and impartial response to this form will greatly help in meeting the aims of the Upward Bound Program. We are interested in obtaining information that will aid us in arriving at a decision regarding the applicant, and in planning the most appropriate educational program if the student becomes a student in the Upward Bound Program.

We are interested in the following kinds of information:

1. The class in which you had the student:
2. The student’s conduct in your class:
3. The student’s performance in your class:
4. The student’s ability to do college level work:
5. The student’s motivation level:
6. Any particular strengths or weaknesses the student demonstrated:
7. Whether you feel the student would benefit from the Upward Bound Program:

(Use reverse side of this form if necessary)

Signature of person making recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Forward This Form To:* Upward Bound Program Wittenberg University, P.O. Box 720, Springfield, Ohio, 45501, or place in the Upward Bound box in the Faculty Mailroom, if such a box is available.