



2009 Recommendation Form

Academic Connections Applicant's Name _____

The above named student is applying to Academic Connections at the University of California San Diego. The program admits high achieving, college bound high school students to a 3-week pre-college summer experience which gives students an opportunity to sample academic and residential life at a top rated university. This student has identified you as a reference, as one of the steps necessary for admission to this select program. Your reference will only be used in terms of this program for this summer (2009) and will not be part of any official university record. You may use extra pages if desired and may either return this to the student to return to us with his/her application packet or you may mail or fax directly to us at:

Academic Connections
University of California San Diego
9500 Gilman Drive – Mail Code 0176H
La Jolla, CA 92093
(858) 534-8527 (Fax)
(858) 534-0804 (Phone)

1) Your relationship to applicant: Teacher Counselor Administrator Other: _____

2) Are you aware of any physical, emotional or behavioral limitations that may impact his/her program participation?
 No Uncertain Yes If yes, please explain _____

3) How would you assess this student's maturity and ability to handle personal problems?
 Very mature, responsible Average, at par with peers Immature, struggles

4) Is this student reliable, honest and of good character? Yes Uncertain No. If no, please explain: _____

5) How rigorous is the academic program that this student is taking at your school?
 Most challenging Highly challenging Challenging Average Least challenging

6) Overall recommendation regarding this student attending Academic Connections 2009.
 Recommend strongly Recommend Recommend with reservations Do not recommend

7) Additional Comments: _____

Your Name: _____ Position/Title: _____

Work Email: _____ Work Phone: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____