



Teacher's Recommendation Form

Student's Name: _____
Last First MI

Social Security Number: ____/____/____ CMS ID # _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Please complete this section below and use the reverse side to write additional comment. After completing this section, please fax this form to 704-536-9828 or mail this form to the following address:

Academic Institute of Central Carolina * Upward Bound Programs*
7506 E. Independence Blvd. Suite 127 * Charlotte, NC 28227

Teacher's Name: _____ Telephone Number: (____) _____

Teacher's Email Address: _____

School's Name & Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known the student and in what context? _____

Please list the course(s) you have taught or are teaching this student: _____



Written Recommendation:

Please take this time to provide comments about this student in order to help us better understand the student’s abilities.

On a scale from 1 to 5, with 5 being the strongest response and 1 being the lowest response, please rate the student in the following categories.

	1	2	3	4	5
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this applicant to join Academic Institute of Central Carolina’s Upward Bound Program.

Signature: _____ Date: _____