

### Student Recommendation Form

Complete information in the box and give to someone who knows your academic potential. (Such as a teacher or to a community member) **Do not give it to a relative.**

**Information in this box to be completed by the student.**

**Student's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**High School:** \_\_\_\_\_ **High School ID #:** \_\_\_\_\_ **Current Grade:**  8<sup>th</sup> (Rising 9th)  9th  10th

### TO BE COMPLETED BY A TEACHER OR COMMUNITY MEMBER

The student named above is applying to the Upward Bound Program at California State University, Fresno. Upward Bound provides weekly tutorial sessions and a variety of other services/activities to low-income and/or first-generation college bound high school students to help them be prepared and pursue a post-secondary education. In addition, students attend a Summer Residential Program at Fresno State and enroll in academic courses.

**Recommender Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Teacher (subject):** \_\_\_\_\_  **Community member (specify):** \_\_\_\_\_

**How long have you known this student?** \_\_\_\_\_ **In what capacity?** \_\_\_\_\_

**Please rate applicant's academic and study skills:**

	OUTSTANDING	AVERAGE	FAIR	NO BASIS FOR EVALUATION
Academic Achievement				
Writing Skills				
Reading Skills				
Math Skills				
Study Skills				
Oral Presentations				
Test-taking skills				
Class Preparation				
Time Management Skills				
Attendance in School				
Turns in completed homework on time				
Communicates Effectively in English				
Grammar/writing skills				
Test Scores				

**Please check how you would rate the applicant's characteristics and motivation:**

	STRONGLY AGREE	AGREE	AGREE SOMEWHAT	DISAGREE
Has a positive self-image.				
Demonstrates leadership capabilities.				
Self-starter, intellectual curiosity.				
Highly motivated and willing to learn.				
Potential for growth				
Works well with others				
Flexibility				
Desire to continue into post-secondary				

Student Name: \_\_\_\_\_

*What academic and personal qualities come to mind that best describe the applicant?*

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*Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.*

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*Please give us your impression of this student. How would he/she benefit from the Upward Bound Program, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).*

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*What services or assistance does the student need to help him/her succeed in high school (i.e., tutoring, counseling, college information, etc.)?*

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*Please check the appropriate box and include any comments or explanations:*

- Recommend: \_\_\_\_\_
- Recommend with Reservation: \_\_\_\_\_
- Do Not Recommend: \_\_\_\_\_

Recommender Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your assistance. If you have any question, please contact us. Please mail this form to the following address or return to the student:*

Upward Bound Programs  
California State University, Fresno  
5240 N. Jackson Avenue, M/S UC 59 University Center #124  
Fresno, California 93740

Phone: (559) 278-2693 or (559) 278-5796 Fax (559) 278-4306  
[www.fresnostate.edu/upwardbound](http://www.fresnostate.edu/upwardbound)

Thank you for your time.