

# RECOMMENDATION FROM MATHEMATICS TEACHER

Please make sure your mathematics teacher receives this form.

**To the student:**

Print your name in the space provided. Place this sheet in a stamped envelope, which you have addressed to:

Department of Mathematics  
Scholarship Committee  
Baker University  
P.O. Box 65  
Baldwin City, Kansas 66006-0065.

Applicant's name: \_\_\_\_\_  
Last / First / Middle

**Waive rights**

I waive \_\_\_\_  
do not waive \_\_\_\_

any right of access I have to this recommendation form.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the person completing this form:**

The named applicant is in the process of applying to the Department of Mathematics at Baker University. Your frank appraisal of the applicant's potential, as a student, will be appreciated. Please provide comments which may be of help in evaluating the applicant on the areas listed. Do not hesitate to attach a letter as appropriate. First consideration is given to applications received by February 1, 2011.

**How long have you known the applicant? In what capacity?**

**Please Comment on the Applicant's Intellectual Capacity:**

**Please Comment on the Applicant's Emotional Maturity:**

**Please Comment on the Applicant's Motivation and Drive:**

**Please Comment on the Applicant's Interest in Mathematics**

**Please Comment on the Applicant's Potential for completing a Mathematics Major**

**Do you recommend the applicant for a mathematics scholarship?**

Thank you for your time and consideration in completing this recommendation. Upon completion please forward to:

Department of Mathematics  
Scholarship Committee  
Baker University  
P.O. Box 65  
Baldwin City, Kansas 66006-0065                      or Fax (785) 594-8360

Name (please print) \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position