

RECOMMENDATION FROM MATH OR SCIENCE TEACHER

Please make sure your math or science 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 Physics
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 Physics 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 Physics

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

Do you recommend the applicant for a physics scholarship?

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

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

Name (please print) _____

School _____

Signature

Position