Recommendation Form

Teachers: Please complete and send this recommendation form by **March 31, 2018**, to

Summer Mathematics Program for High School Students
Department of Mathematics
155 South 1400 East, JWB 233
Salt Lake City, UT 84112-0090

Name of Student ____________________________________________________________

I find this student (please circle one)

- Truly Exceptional
- Outstanding
- Above Average
- Average
- Below Average

Comments (A couple of sentences is sufficient)
Please include information about this student’s mathematical and social maturity. Thank you.

Signature ________________________________________________________________

Print Name ______________________________________________________________

Name of School ____________________________ Phone Number __________________