Recommendation Form

Teachers: Please complete and send this recommendation form by March 31, 2019, 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 ___________________