Recommendation Form

Teachers: Please complete and send this recommendation form by March 31, 2016, 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 ___________________