

## **STEM Honors Program Recommendation Form**

Applicant Inform	mation								
Name of applica	ant:	Date submitted:							
Address:			Zip:						
Telephone:	: Student ID Number (Not Soc. #):								
E-mail address_	css Cell phone #:								
To the teacher:	The STEM Honors Committee wo	uld appreciat	e your ca	ındid eva	aluation o	of this stude	nt as an applicant to	the	
STEM Honors P	Program. Complete the form below a	and return it to	o Dr. An	a Sanche	ez. If you	have any qu	uestions, call the STF	ΞM	
Honors Office a	at 409-944-1330 or email at asanchez@	gc.edu.							
Name:									
Title:									
High school or 0	GC campus :							_	
School phone n	umber:								
In what course(	s) have you taught the applicant?								
What are the fir	st words that come to mind to descr	ibe the candid	date?						
	her students, how would you rate th		1: below	v average	e. <b>2:</b> aver	age. <b>3</b> : abov	ve average.		
<b>4</b> : outstanding.	<b>5:</b> one of the best students I've eve	r taught.							
	Creative thinking Motivation	1	2	3	4	5 5			
	Motivation Initiative	1 1	2 2	3	4 4	5 5			
	Written expression of ideas	1	2	3	4	5			
	Effective class discussion	1	2	3	4	5			

1.	Please comment on the applicant's attitude toward learning in general, how well he or she synthes and whether he or she is willing and able to consider alternative points of view.	ized information,
2.	Please comment on any special interests or talents that may distinguish this applicant from others.	
Sig	igned: Date:	

This material is based upon work supported by the National Science Foundation under Grant No. 1565155

Please attach a brief description and evaluation of the student's academic work, motivation, intellectual ability,

and contributions in class or respond to the following questions.