

# WVU Tech STEM Summer Academy for Girls

## Student Recommendation Form

Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to Student: Teacher  Counselor  Principal

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1. How long have you known the student? \_\_\_\_\_

2. What are the student's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the student's weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Students will be taking several classes that are four (4) hours in length. How would you rate the student's maturity and attention span? Ability to work in teams?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Anything else you think we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please mail, email or fax to:

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