

WVU Tech STEM Summer Academy for Girls

Student Recommendation Form

Applicant Name: _____

Reference Name: _____

Relationship to Student: Teacher Counselor Principal

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? _____

Signature _____ Date _____

Title _____

Telephone _____ Email _____

Please mail, email or fax to:

Dr. Afrin Naz

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Phone: 304.929.1670

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