Teacher or Counselor Recommendation Form

Name of Applicant: ________________________________________________

The student above is applying to the Elizabethtown College Engineering Summer Camp. Students are expected to participate in learning activities for approximately 30 hours over five days, comply with instructions, and exhibit mature and respectful behavior. To the extent possible, please answer the following questions based on your direct interactions with the applicant.

1. In what capacity and for how long have you known the applicant?

2. What are the academic and personal strengths and challenges of the applicant? Please briefly assess the student's maturity, stability, independence, academic performance, and ability to adjust to on-campus study and team work.

3. Would you welcome this student as a participant in a program you were leading? (Circle one)
   a) Yes, without reservation
   b) Yes, with reservations (please specify)
   c) No

4. Additional Comments:

Signature________________________________________________ Date_________________
Name (printed)____________________________________ School____________________________
Telephone___________________ Email___________________________________________

Please return this form as soon as possible via email to engineer@etown.edu. If you have questions or concerns, please contact Dr. Jean C. Batista Abreu via email (engineer@etown.edu) or telephone (717-361-4770). Thanks!