UNIVERSITY OF CHICAGO YOUNG SCHOLARS PROGRAM
TEACHER RECOMMENDATION AND STUDENT PROFILE FORM – SUMMER 2016

Student Name: ________________________________________  Current Grade: _______________  
(Last, First Middle)

Address: _____________________________ _______________________________________________
Street                                         City                          State                          ZIP CODE

APPLICANT: Fill in the above information and give this form to a teacher who has worked with you in mathematics or has taught you mathematics.

TEACHER: The student named above is applying for acceptance to the Young Scholars Summer Program at the University of Chicago. We are seeking students who exhibit superior ability or superior potential in mathematics for an exciting and demanding summer enrichment program. The program involves mathematics lectures, problem solving seminars, and computer activities. We especially encourage females and minorities to apply.

Please comment on this student’s ability to handle these demands as demonstrated by:

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<th>Superior</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>N/A</th>
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To this form, please attach a letter of recommendation (preferably on school letterhead, no more than a page in length) for this student in which you:

- Evaluate this student’s reasoning skills, reaction to challenges, and academic ability
- Describe an example in which this student demonstrated exceptional intellectual talent, creativity, and/or curiosity
- Assess this student’s ability to learn both independently and cooperatively
- Comment on the special nature of this student’s mathematical ability

In the space below, compare this student to others you have recommended for the Young Scholars Program. If more than one student from your school is applying this year, please rank them here. In the absence of such a ranking, we may not be able to accept any of your school’s students.

Name: ________________________________________  Title: __________________________

Signature: ________________________________________  School: _______________________

Address: ________________________________________  City/State/Zip: ___________________

Please list a phone number and e-mail address where we can contact you, should we need more information:

Phone: (________) __________________________      E-mail: _______________________

Return recommendation forms on or before March 31st to: Young Scholars Program
University of Chicago, Dept. of Mathematics
5734 S. University Avenue
Chicago, IL 60637