

## High School Teacher or Counselor Recommendation Form

Student's Name \_\_\_\_\_

This student is applying to the UC San Diego Summer Session college credit program. Your candid and thoughtful appraisal of this student's readiness for this college experience is appreciated. Please consider the student's intellectual, as well as social and psychological maturity. Your recommendation will be used for consideration and will not become any part of an official university record. Use additional paper as needed to fully explain your answers. Return this form to the student.

If you have any questions call (858) 534-5258 or email [summer@ucsd.edu](mailto:summer@ucsd.edu).

**1. Length of time.**

Less Than 1 Year

More Than 1 Year

**2. Your appraisal of the student's academic ability to do college level work.**

Ready

Not Ready

**3. Additional comments:**

**4. Overall recommendation:**    Recommend strongly    Recommend    Recommend with reservation    Do not recommend

**Teacher's or Counselor's Name:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for your time.