



Applicant's Name: _____

The Student Science Training Program (UF SSTP) is a seven week residential research participation program at the University of Florida. UF SSTP participants will be matched with a research faculty mentor and work in the assigned mentor's research laboratory for about 30 hours each week. Participants will also attend an interdisciplinary lecture series, take an Honor Interdisciplinary Research Seminar, and complete various academic assignments including writing a research paper, creating a research poster, and giving two research talks. SSTP participants take part in service projects, leadership development activities, socials, and fieldtrips throughout Florida.

SSTP is a rigorous and fast paced program for academically talented, motivated, and mature students.

For more information about the SSTP, please visit www.cpet.ufl.edu/sstp.

The above named student is applying for admission to the Student Science Training Program and has requested your endorsement of his/her candidacy. **Endorsement must be completed by a high school or college-level math, science, computer science, research teacher or mentor.**

Due Date: SSTP offers a rolling admission process. Initial applications will start being reviewed in February 2017. The Selection Committee will not review a student's application until it is complete, including the Teacher Endorsement Form.

The applicant requests the Teacher Endorsement Form be completed and submitted by: _____

To the Applicant: Email your endorser the fillable pdf after you complete Page 1 **or** provide your endorser a hardcopy of this form with a stamped envelope addressed to:

SSTP Selection Committee, Center for Precollegiate Education and Training
PO Box 112010, Yon Hall Room 334
Gainesville, FL 32611

The Teacher Endorsement Form must be submitted directly to the UF SSTP Selection Committee by your teacher.

Privacy Notice:

Under the terms of the Family Education Right and Privacy Act (FERPA) you will have access to your recommendation if/after you matriculate unless you waive your right to access below:

Yes, I do waive my right to access, and I understand I will never see this recommendation.

No, I do not waive my right to access and may someday choose to review this recommendation.

Student Signature: _____ Date: _____

To the Recommenders:

Please be candid in your evaluation. The teacher endorsement is an important part of the application; please provide as much detail as you are comfortable regarding this student's potential for success in the program. Please sign the evaluation.

The **Teacher Endorsement Form** must be returned by teacher or the school office. Forms may be emailed to applysstp@cpet.ufl.edu. Please include the student's name in the subject line. They can also be mailed to the address above or faxed to 352-392-2344.

2017 UF SSTP Teacher Endorsement Form

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Applicant's Name: _____

How long have you known this student? _____

In what capacity have you known this student? _____

Subject Area in which you have taught the applicant: _____

Please indicate your impression of the student in the areas as follows:

A. The student has a high degree of curiosity and interest in science/math/engineering and/or scientific research.

Agree 10 9 8 7 6 5 4 3 2 1 Disagree

B. The student works well independently, and is capable of being productive with limited supervision.

Agree 10 9 8 7 6 5 4 3 2 1 Disagree

C. The student shows respect and appreciation for others, and in general, works well with others.

Agree 10 9 8 7 6 5 4 3 2 1 Disagree

D. The student has the maturity and sense of responsibility necessary to work in a high-level research setting.

Agree 10 9 8 7 6 5 4 3 2 1 Disagree

E. The student has well-developed interpersonal skills, will ask for help when needed and will offer an opinion when asked.

Agree 10 9 8 7 6 5 4 3 2 1 Disagree

This student ranks in the Top 1% _____ Top 10% _____ Other _____ % of students I have taught.

Circle One: Highest Recommendation Recommend Recommend with Reservation Do Not Recommend

Additional Comments or Attach a Letter of Recommendation:

Endorser's Signature: _____ Date: _____

Endorser's Name, Printed: _____

Endorser's School: _____

Endorser's Phone Number: _____ Endorser's E-Mail: _____