



University of Pittsburgh
Department of Computer Science
Technology Leadership Initiative

Student Recommendation

To be completed by the student. Please fill in your name and address below and give this to two adults, other than relatives, whom you have chosen to write on your behalf. The first recommendation must go to a Math, Science or Computing teacher. The second recommendation should be requested from a teacher, community member, mentor or other adult who you have known for at least 1 year. The recommender should complete this form and return it to you or send it to the TLI Office in a signed and sealed envelope (envelope not provided).

Name of applicant:

Last

First

Middle

Address:

Street

City

State

Zip

Email:

TO THE RECOMMENDER

The above student is an applicant for admission to the Technology Leadership Institute at the University of Pittsburgh and has given your name as a reference. The information you are providing concerning the above named applicant is considered an important part of the application process. Your time and thoughtfulness in furnishing this information are greatly appreciated.

Instructions: After completing this form, please place it in an envelope (not provided). Seal the envelope and sign it across the seal. You may remit this recommendation to the above named student or mail it directly to 6502 Sennott Square, 210 South Bouquet Street, Pittsburgh, PA 15260. Please type or print neatly.

Please read all of the questions before answering. Use an additional sheet of paper, if needed.

1. How long have you known the student and in what capacity?

2. What characteristics or attributes best describe the student?

3. In what area is the student most exceptional?

4. In what area does the student need the most improvement?

5. Please tell us about the student. We are particularly interested in the students intellectual potential, motivation, maturity, integrity and other qualities that will help us differentiate him/her from other prospective students.

6. Are there any known problems or relationships in the student's background which are likely to affect their performance or participation in this program?

You may provide additional comments about the student on a separate sheet of paper. Please limit your comments to 1 page.

Comparison Rating: In comparison to other youth, this student is:

Exceptional Above Average Average Below Average

Name of Recommender _____
Title _____
Organization/School _____
Phone Number _____
Email Address _____

Signature _____ **Date** _____