

# SOU Summer Start

[www.sou.edu/youth/summerstart](http://www.sou.edu/youth/summerstart)

Call 552-6452 for more information



## Student Recommendation Form

### To be completed by student:

Name of student: \_\_\_\_\_

School: \_\_\_\_\_ Current grade \_\_\_\_\_

### To be completed by high school Summer Start contact:

*We value your professional assessment of this student.*

Please return this recommendation to the student. The student must return this form along with his/her registration form to be accepted into the program. Thank you for taking the time to sign this form.

The above student has the academic and emotional maturity to succeed in taking lower division college level courses. I recommend this student be accepted into the Summer Start Program at Southern Oregon University.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_