

University of Nebraska-Lincoln Astronomy Camp Application Reference Section

This form is to be completed by a high school teacher, guidance counselor, or principal familiar with the work of the camp applicant. High school students will be attending astronomy classes and living in a university dormitory for approximately one week on the UNL campus. Please indicate your assessment of the student's academic preparedness, maturity, and overall likelihood that they will successfully participate in this camp.

Student Applicant: _____ Name of Reference: _____

Institution: _____ Telephone #: _____

Student's GPA: _____

Please rate the student (relative to their peers) on a scale of 1 to 5 (5 being highest) by circling a number in the following categories:

Academic Motivation	1 2 3 4 5	Math Knowledge	1 2 3 4 5
Science Knowledge	1 2 3 4 5	Overall Maturity	1 2 3 4 5

Please evaluate the likelihood of the student successfully participating in Astronomy Camp
(i.e. attending all classes, participating in all nighttime observing projects, showing respect for instructors
and other participants, working well with others, obeying all rules and regulations)

Signature: _____ Title: _____

Please mail your reference to:

UNL Astronomy Camp
c/o Shannon Parry
Center for Science, Mathematics & Computer Education
251 Avery Hall
University of Nebraska
Lincoln, NE 68588-0131