



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

RECOMMENDATION FORM

Student's Name _____

STUDENT: Please take this form to a teacher, counselor, or school administrator who knows you. Ask this person to complete the form and return it to you.

Name of Evaluator: _____ Position: _____

School: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Choose the summer program for which you are applying:

☐ Leadership Academy at Abraham Baldwin Agricultural College May 31 - June 12, 2015

☐ Leadership Without Limits at the University of Georgia, June 1 – June 11, 2015

☐ Middle School Program at Georgia Southern University, June 7 – June 13, 2015

TO THE EVALUATOR The named student is applying for the Georgia Migrant Leadership Academy at Abraham Baldwin Agriculture College. Please comment on his/her academic standing and how participation in this project would benefit his/her continuing improvement and academic growth. Thank you for your assistance.

How long have you known this student? _____ In what capacity? _____

Comments:

Signature

Date