

**Brown University Continuing Education
Teacher Recommendation**



Brown University Continuing Education
Box T, Providence, Rhode Island 02912-9120
Tel 401-863-7900 Fax 401-863-3916
Email: ceforms@brown.edu
www.brown.edu/summer

Please type or print your name, address, and school name in the space provided below and then submit this form to a current teacher.

Name of Applicant _____

Street address or P.O. Box _____

City _____ State _____ Zip _____ Country _____

Phone () _____

Name of School _____

Name of Recommender _____ Phone () _____

Street address or P.O. Box _____

City _____ State _____ Zip _____ Country _____

Applicant's signature _____

Teacher: The student named above is applying for admission to a Brown University Pre-College program. This program provides academic challenges typical of college-level course work and an opportunity for students to experience the academic and social aspects of college life.

We seek your frank opinion on this applicant's past performance and current ability to be successful in a college environment. Please use the reverse of this page for your narrative comments.

Please Note: The recommendation that you are submitting will be used for selection purposes only. It will not become a part of the student's educational record. It will not be used for educational purposes after decisions have been made regarding the applicant's admissibility to a Brown University Pre-College program. Therefore, this appraisal is not subject to the provisions of the Family Education Rights and Privacy Act of 1974. The applicant will not have access to this appraisal under law.

RETURN THIS FORM TO: The Kohala Center, Inc
P.O. Box 437462
Kamuela, HI 96743
Fax: 808-885-6707
Attn: Erica Perez
eperez@kohalacenter.org

How long and in what capacity have you known this applicant?
