TEACHER RECOMMENDATION FORM

Due no later than **March 20, 2015**

Applicant's Name:	
Teacher's Name:	Teacher's Phone:
Applicant's School:	Applicant's Current Grade:

Rate the Applicant						
	Poor	Fair	Good	Above Average	Outstanding	N/A
Academic Ability	☐	☐	☐	☐	☐	☐
Academic Achievement	☐	☐	☐	☐	☐	☐
Oral Communication	☐	☐	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐	☐	☐
Personal Initiative	☐	☐	☐	☐	☐	☐
Demonstrated Interest in Science or Math	☐	☐	☐	☐	☐	☐

Select a Recommendation		
Highly Recommend ☐	Recommend ☐	Do Not Recommend ☐

Comments:

Teacher's Signature_____ Date_____

Upload to the GEMS Student Application, OR
Fax to 334-255-6983;
E-mail to usarmy.rucker.medcom-usaarl.mbx.gems@mail.mil; or
Mail to:

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