



Millersville University
CAMP
COLLEGE ASSISTANCE MIGRANT PROGRAM

Academic Recommendation

TO: School Advisor, Counselor, Principal or Teacher

RE: Student's Name: _____

This student has applied to participate in Millersville University College Assistance Migrant Program (MU-CAMP). A high school staff member or another appropriate academic reference must complete the information requested below before the application can be considered. Please evaluate the student's academic performance adding any additional comments as needed. **Please utilize the below form but you may attach an additional recommendation.**

Check the appropriate level for each skill.

Skills	Excellent	Good	Fair	Needs Improvement	Skills	Excellent	Good	Fair	Needs Improvement
English (Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Writing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on personal qualities of the student, such as self-discipline, initiative, enthusiasm, and consistency?

In your opinion, how will this student adapt to a college setting? Will he/she be successful?

What barriers could stop the student from completing his/her first year of college?

Reference Name (Please Print): _____

Telephone: _____

School District: _____

Position/Title: _____

Signature: _____

Date: _____