

2017 Robert W. Greene Summer Institute for High School Journalists

Stony Brook University School of Journalism

Frank Melville Jr. Memorial Library N4004

Stony Brook, NY 11794-3384

journalism@stonybrook.edu

To the Applicant:

Fill in the information below and give it to a teacher who has taught you in an academic subject. **Provide the teacher with a stamped envelope addressed to: Stony Brook University School of Journalism/ Summer Journalism Institute, Melville Library N4004, Stony Brook, NY 11794-3384**

Student Name _____
Last First Middle Initial

Address _____
Number and Street City State Zip

Phone Number _____ School you now attend _____

I waive access to this recommendation which shall therefore be considered confidential.

Student signature _____ Date _____

To the Teacher:

Please return this form in the envelope provided by the student by April 1, 2017

Teacher's Name _____ Position _____

(Please type or print clearly)

1. What are the first three words which come to mind to describe the applicant?

2. How long have you known the applicant? _____

3. Do you have any reason to doubt the student's academic integrity? Yes/No

4. Please describe the talents or skills the applicant would bring to an intensive journalism program.

5. In terms of your teaching experience, how would you rate the applicant in comparison to his or her peers?

	One of the best	Outstanding	Good	Below Average	No Basis
Academic Achievement	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Maturity/Personal Qualities	_____	_____	_____	_____	_____
Overall	_____	_____	_____	_____	_____

Signature _____ Date _____

Phone Number _____

Email _____