



Biomedical Sciences Academy Additional Application Information

Student Name: _____ **School:** _____

Please select your preferred attendance time.

A.M. (7:50 – 10:40) P.M. (12:45 – 3:35)

If your preferred time is not available, are you able/willing to attend the other? Yes No

Please list the highest level of math to be completed by the end of this school year.

Name of math or science teacher completing Teacher Recommendation Form:

Note: Students may be interviewed and/or given a mathematics assessment prior to admission in the Biomedical Sciences Academy.

School Counselor Recommendation

Please make comments that may assist in our evaluation of this student.

Student – Please complete the top of this form and give it to your school counselor.

School Counselor – Please attach this form to the student’s completed application. Your evaluation will only be viewed by school staff. Your honest assessment of this student weighs heavily on their potential for success at the MTC STEM Academy.



**Biomedical Sciences (BMS)
Teacher Recommendation Form**

Recommendation for: _____ School: _____
Name of Student

Recommender: _____
Name & Subject/Title of Teacher

Work Habits:

- indifferent, careless, needs frequent prodding
- completes work but not organized
- well organized; self-starter

Level of Achievement:

- actual achievement below observed ability
- actual achievement in line with observed ability
- actual achievement exceeds observed ability
- student has not been challenged

Level of Class Participation:

- too easily distracted; non-contributor
- inconsistent participation
- usually attentive and involved in discussions
- constructively involved; looks to help others

Maturity Level:

- immature; unreliable
- cooperates when serves personal interest; makes excuses
- appropriate for age; well-mannered; generally cooperative
- exceptional behavior; relates to people with genuineness

Please comment below on your experience working with this student, including the student's strengths and weaknesses.

Student – Please ask a math or science teacher to complete & send this form (*not* a family member).

Recommender – Please return this form directly to the student's high school counseling office or to Tara Kerr at MTC (tarak@meridiantech.edu). *Please do not give the completed recommendation form to the student.* Your evaluation will only be viewed by school staff. Your honest assessment of this student weighs heavily on their potential for success at the MTC STEM Academy.