



OKLAHOMA STATE UNIVERSITY  
**Upward Bound Math & Science Center**



## Nomination Form

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**Counselor's/Teacher's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am applying to the OSU Upward Bound Math & Science Center (UBMSC). As part of the application process, I am required to submit one nomination form from a school counselor or a math or science teacher. Please complete this form and return it in the postage-paid envelope as soon as possible. Please call the UBMSC office at 405-744-3333 (toll-free 1-866-593-1341) if you have any questions.

**To be completed by student:**

Please print in ink.

**Student Name:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**Address:** \_\_\_\_\_  
(NUMBER) (STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**Current Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone #:** ( ) \_\_\_\_\_

**School:** \_\_\_\_\_

**School Counselor:** \_\_\_\_\_

**To be completed by educator:** **Name:** \_\_\_\_\_

Science Instructor    Mathematics Instructor    Guidance Counselor    Other, please list:

Please print in ink.

**Why do you feel this student would benefit from the OSU Upward Bound Math & Science Center program?**

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**Based on your knowledge of the applicant, please check below how you rate the student's characteristics and academic skills.**

Below Average - 1      Average - 2      Above Average - 3      Outstanding - 4      No Observation - N/O

CHARACTERISTICS	CIRCLE ONE	CHARACTERISTICS	CIRCLE ONE
Academic Achievement	1 2 3 4 N/O	Organizational Skills	1 2 3 4 N/O
Math Skills	1 2 3 4 N/O	Attendance	1 2 3 4 N/O
Reading Skills	1 2 3 4 N/O	Self-motivation	1 2 3 4 N/O
Science Skills	1 2 3 4 N/O	Peer Relations	1 2 3 4 N/O
Study Skills	1 2 3 4 N/O	Respect for Authority	1 2 3 4 N/O
Writing Skills	1 2 3 4 N/O	Leadership Potential	1 2 3 4 N/O
Use of Time	1 2 3 4 N/O	Creativity	1 2 3 4 N/O
Responsibility	1 2 3 4 N/O	Extracurricular Involvement	1 2 3 4 N/O
Tolerance of Minor Disappointments	1 2 3 4 N/O	Concern for Others	1 2 3 4 N/O
Potential for Growth	1 2 3 4 N/O	Self-Esteem	1 2 3 4 N/O
Oratory Skills	1 2 3 4 N/O	Concern for Self	1 2 3 4 N/O
Enthusiasm	1 2 3 4 N/O	Sense of Humor	1 2 3 4 N/O
Honesty/ Integrity	1 2 3 4 N/O	Self Discipline	1 2 3 4 N/O

**In what other capacity have you known the applicant?** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

I  **Do Recommend**      or       **Do Not Recommend**

this applicant for admission into the OSU Upward Bound Math & Science Center.

**Reference Information:**

<input type="checkbox"/> Science Instructor	<input type="checkbox"/> Mathematics Instructor	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Other, please list:
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**Name:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**Address:** \_\_\_\_\_  
(NUMBER) (STREET)  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**Phone #:** (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Reference Signature/Date:** \_\_\_\_\_

**Thank you for your time.**  
**Please return this form in the postage-paid envelope to:**  
 OSU Upward Bound Math and Science Center, 050 Stout Hall, Stillwater, OK 74078-8039