

**Explorations in Forensics**

*Application for Summer 2018*

The deadline for this application is **March 30, 2018**. Arrange to have two teachers complete the enclosed recommendation forms; these letters should be sent directly to the address below. In addition, please include a copy of your high school transcript.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 last first middle

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 street and apt. number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 city state zip code

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letters of recommendation (to be sent directly from teacher) will be coming from:

Name of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications must be postmarked by March 30, 2018 and sent directly to:**

Institute for STEM Education

092 Life Sciences Building

Stony Brook University

Stony Brook, NY 11794-5233

Telephone: 631-632-9750

Fax: 631-632-9791

*istem@stonybrook.edu*

**Explorations in Forensics Program**

**Teacher Recommendation Form**

(To be completed by any teacher who has taught you.)

Student’s Name

Teacher’s Name School

Capacity in which you know this student

Please compare this student to the others that you have taught:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Top 2%** | **Top 10%** | **Top 25%**  | **Top 50%** | **Less than 50%** |
| Maturity  | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Positive interaction with peers | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Inquisitiveness | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Ability to complete tasks | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Student’s strengths:

Student’s weaknesses:

Additional comments:

Teacher’s signature Date

**Deadline: 03/30/18**
Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)

**Explorations in Forensics Program**

**Teacher Recommendation Form**

(To be completed by any teacher who has taught you.)

Student’s Name

Teacher’s Name School

Capacity in which you know this student

Please compare this student to the others that you have taught:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Top 2%** | **Top 10%** | **Top 25%**  | **Top 50%** | **Less than 50%** |
| Maturity  | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Positive interaction with peers | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Inquisitiveness | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Ability to complete tasks | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Student’s strengths:

Student’s weaknesses:

Additional comments:

Teacher’s signature Date

**Deadline: 03/30/18**
Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)