

Institute for STEM Education



STONY BROOK UNIVERSITY

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature _____ Date _____

Deadline: Postmarked by 03/30/18

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