

## Teacher or Counselor Recommendation Form

### Application to the 2025 Future Leaders Summer Program

**Student's Name**

**Teacher's or Counselor's Name**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

This student is applying to the 2025 Future Leaders Summer Program. Your candid and thoughtful appraisal of this student's readiness for this experience is appreciated. Please consider the student's intellectual as well as social and psychological maturity. Your recommendation will be used for consideration and will not become any part of an official university record. Use additional paper as needed to fully explain your answers. Return this form directly to the Global Leadership Institute. Please email [gps-flsp@ucsd.edu](mailto:gps-flsp@ucsd.edu) if you have any questions.

**How long have you known the student applicant?**

Less Than 1 Year

More Than 1 Year

**Evaluate the student's academic ability to do high school level work in an English-speaking environment.**

Ready

Not Ready

**What is your evaluation of the applicant's English level?**

Excellent: native speaker or near-native speaker level

Very good: high fluency in reading, writing, and speaking

Average: needs assistance in comprehension

Poor: not ready for an English-only classroom environment

**Please comment, focusing on the student's intellectual ability and psychological maturity:**

**Overall recommendation**

Recommend strongly

Recommend

Recommend with reservation

Do not recommend

Teacher's or Counselor's Signature: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your time. Please provide completed form to the applicant or email directly to [gps-flsp@ucsd.edu](mailto:gps-flsp@ucsd.edu).