



Southern Ohio Youth Regents STEM & Foreign Language Academy

EDUCATOR NOMINATION FORM

(To be completed by a teacher, school counselor, principal, or other school administrator)

NOMINATOR'S INFORMATION

Name _____ Title _____
School _____ Email _____
School Address _____
Street City State Zip
School Phone _____ School Fax _____
District _____ Diocese (if applicable) _____

STUDENT'S INFORMATION

Student Name _____ Email: _____
First M.I. Last

Please answer the following questions:

- 1. In your judgment, does the student have the necessary maturity to be a residential college student at this time?
2. Have you experienced any attendance problems with this student?
3. Are you aware of any health problems (physical or emotional) of which we should be aware if this student is accepted?

On a separate sheet of paper, please indicate why you feel this student would be a good candidate for the Southern Ohio Youth Regents STEM and Foreign Language Academy. You may go to the following website to learn more about the STEM & Foreign Language Academy: http://www.shawnee.edu/off/uos/STEM/stem.html

Nominator, upon completion, please mail this form and your written or typed response directly to:

Judy Meeker, Project Director
STEM & Foreign Language Academy
Shawnee State University
940 Second Street
Portsmouth, Ohio 45662
You may also fax your completed form (740.351.3598)

Educator Nomination Form must be received by April 24, 2009