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**Southern Ohio Youth Regents STEM & Foreign Language Academy**

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**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?  
 Yes  No *Please give a brief explanation.*
2. Have you experienced any attendance problems with this student?  
 Yes  No *Please give a brief explanation.*
3. Are you aware of any health problems (physical or emotional) of which we should be aware if this student is accepted?  
 Yes  No *Please give a brief explanation.*

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 May 24, 2010**