**SUMMER PRE-COLLEGE 2016**  
**ART TEACHER RECOMMENDATION FORM**

CHECK ALL PROGRAMS FOR WHICH YOU ARE APPLYING:  ☐ BALTIMORE PROGRAM  ☐ TUSCANY PROGRAM

**STUDENT:** PHOTOCOPY THIS FORM AND PROVIDE IT TO YOUR TEACHER.

**TEACHER:** AFTER COMPLETING THIS FORM, SEAL IT IN AN ENVELOPE AND SIGN THE SEAL. RETURN THE ENVELOPE TO THE APPLICANT.

<table>
<thead>
<tr>
<th>NAME OF STUDENT</th>
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<tbody>
<tr>
<td>NAME OF RECOMMENDER</td>
<td>TITLE</td>
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<tr>
<td>SCHOOL</td>
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<td>PHONE NUMBER (_____ )</td>
<td>EMAIL</td>
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<tr>
<td>HOW LONG HAVE YOU KNOWN THE STUDENT?</td>
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**IN YOUR EXPERIENCE, HOW WOULD YOU DESCRIBE THE STUDENT’S OVERALL ACADEMIC PERFORMANCE?**

- ☐ EXCEPTIONAL
- ☐ VERY GOOD
- ☐ SATISFACTORY
- ☐ BELOW STANDARD
- ☐ POOR

**H OW WOULD YOU DESCRIBE THE STUDENT’S MATURE LEVEL?**

- ☐ VERY MATURE
- ☐ MATURE
- ☐ IMMATURE

**HOW WOULD YOU DESCRIBE THE STUDENT’S POTENTIAL FOR SUCCESS IN A RIGOROUS COLLEGE-LEVEL EXPERIENCE LIKE MICA’S PRE-COLLEGE STUDIO RESIDENCY PROGRAM?**

- ☐ OUTSTANDING
- ☐ VERY GOOD
- ☐ GOOD
- ☐ POOR

**ARE THERE ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE THAT WILL HELP US UNDERSTAND THE STUDENT’S INTEREST AND ABILITY IN ART, LEVEL OF RESPONSIBILITY, AND REAL POTENTIAL FOR SUCCESS IN MICA’S PRE-COLLEGE STUDIO RESIDENCY PROGRAM?**

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RECOMMENDER’S SIGNATURE ___________________________  DATE ______________
If you have any questions about completing this form, please call the School for Professional and Continuing Studies at 410-225-2219. 
Please type or print clearly.

SEND ALL APPLICATION MATERIALS TO
Pre-College Studio Residency Programs
School for Professional and Continuing Studies
Maryland Institute College of Art
1300 W. Mount Royal Avenue
Baltimore, Maryland 21217

FAX 410-225-2229   EMAIL precollege@mica.edu