



## Teacher Nomination Form

May 26 – July 9, 2026

Dear Teacher:

The information you provide is extremely important to our participant selection. Your responses are kept in strict confidence. Please e-mail or mail separately (student should provide postage) to:

LaPREP  
LSU-Shreveport  
One University Place  
Shreveport, LA 71115  
[laprep@lsus.edu](mailto:laprep@lsus.edu)

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| Student's Last Name | First Name | Middle Initial | School Name |
|---------------------|------------|----------------|-------------|
|---------------------|------------|----------------|-------------|

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Please rate the student in the following areas:

| Quality  | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|
| Scholarship  |           |      |      |      |
| Seriousness as a student                             |           |      |      |      |
| Interest in science                                  |           |      |      |      |
| Interest in mathematics                              |           |      |      |      |
| Ability to successfully complete a long-term project |           |      |      |      |
| Ability to work well with peers                      |           |      |      |      |
| Ability to work independently                        |           |      |      |      |
| Industry/Motivation                                  |           |      |      |      |
| Willingness to cooperate                             |           |      |      |      |
| Behavior   |           |      |      |      |
| Respect for adults                                   |           |      |      |      |

Please provide us with your opinion about this student's potential to succeed in this program. Please note any special considerations of which you feel we should be aware.

In summary, applicant is:

Highly Recommended \_\_\_\_\_  
Recommended \_\_\_\_\_

Questionable \_\_\_\_\_  
Not Recommended \_\_\_\_\_

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| Print Name | Position |
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Signature \_\_\_\_\_