

**Lewis & Clark College Summer Sessions  
Teacher Reference**

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Student Last Name	First	M.I.	Phone
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Summer Course Number/Title: \_\_\_\_\_

**Applicant:** *Please give this form to a teacher who can evaluate your ability to succeed in the class you wish to take in Summer Sessions. Usually is a teacher in the same subject area. Provide a stamped envelope addressed to:*

Julia Unangst, Director of Summer Sessions  
Lewis & Clark College  
0615 SW Palatine Hill Road  
Portland, OR 97219-7899

**Teacher:** The above student is applying to take the course listed at Lewis & Clark College Summer Sessions. Qualified high school students who seek a challenging academic experience may enroll in one undergraduate level course per session (two per summer). Summer Session courses are full semester credit courses that are completed in an intensive, six-week format.

After completing your reference, please mail it directly to the above address.

***We are interested in your assessment of this student's potential for success in college-level studies. Please describe the student's academic ability, motivation, intellectual maturity, and study skills. Use the reverse of this form or attach a separate typewritten sheet.***

***Thank you for your assistance in this process.***

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Counselor/Teacher Name	High School Name
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Signature	Date	School Street Address
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Phone Number	School City, State, Zip
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