



**RECOMMENDATION FORM #2 (ACADEMIC ADVISOR, MENTOR, OR COMMUNITY LEADER)**

**Student Applicant:**

Please complete the blank spaces on this form before providing to each individual who will recommend you. The teacher should send this completed form along with a separate letter of recommendation directly to The Center for Academic Innovation and Transformation, or the shared applicant may include the teacher's sealed letter and form in his/her/their application packet **by the March 11, 2022 deadline:**

Dr. Jennifer Miles, Director  
The Center for Academic Innovation and Transformation  
102 Evans Industrial Hall  
Huston-Tillotson University  
Austin, TX 78702

**To the Recommender:**

Your student, whose name is indicated below is applying for admission to the Apple Pre-Ed Program within Huston-Tillotson University African-American Male Teacher Initiative. Launched during the fall semester of 2020, the Apple Pre-Ed Program serves academically gifted and talented African-American males whose career focus is being a K-12 teacher, and accomplishments are indicative of their intellectual ability, motivation, and leadership ability. The program offers students scholarship assistance and a unique opportunity to enrich their undergraduate education through specialized curricula, career-oriented opportunities, professional development focused on educational technologies, service learning, and cultural activities.

Please assist us by indicating in your letter the student's qualifications for admission to our Program, including his/her/their academic ability, level of maturity, and leadership potential.

APPLICANT'S NAME: \_\_\_\_\_  
APPLICANT'S HIGH SCHOOL: \_\_\_\_\_  
RECOMMENDER'S NAME & TITLE: \_\_\_\_\_  
RECOMMENDER'S EMAIL OR PHONE: \_\_\_\_\_

**To the Applicant:**

In accordance with the Family Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive your right, you will have access to the recommendation if you become a member of the Honors Program.

I hereby waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

APPLICANT'S SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_