



# OFFICE OF EXTENDED STUDIES

## Terp Discovery 2018 Recommendation Form

**Terp Discovery Applicant:** Fill in the **Student Information** and give this form to a counselor, principal, or teacher. Request that the recommender complete the form and send it to the address provided to the right.

**Questions?** Email [ysdisc@umd.edu](mailto:ysdisc@umd.edu) or call 301-405-7762

### Return Recommendation Form:

Via Fax: 301-314-4071

Via Email: [ysdisc@umd.edu](mailto:ysdisc@umd.edu)

### Student Information

1) \_\_\_\_\_  
Last Name First Name Middle Name

2) \_\_\_\_\_  
Number and Street Address Apartment City State Zip Code

3) \_\_\_\_\_  
Email Address (please print clearly)

4) \_\_\_\_\_  
Course for which student is applying

I understand that the recommendation will be maintained in confidence and **will not be released to student or parents.**

\_\_\_\_\_  
Print Name of Student Applicant

\_\_\_\_\_  
Signature of Student Applicant and Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian and Date

### Recommender Information

Please complete the section below and the recommendation form on page 2. Return both pages via email as an attachment or via fax.

1) \_\_\_\_\_  
Last Name First Name Middle Name

2) \_\_\_\_\_  
High School City State Zip Code

3) \_\_\_\_\_  
Position or Title

4) \_\_\_\_\_  
Email Address

5) May our office contact you if further clarification is needed? \_\_\_\_ Yes \_\_\_\_ No

6) How long have you known the applicant? \_\_\_\_ year(s) \_\_\_\_ month(s)

