



UNIVERSITY OF DELAWARE
**PROFESSIONAL &
CONTINUING STUDIES**



ACADEMIC-

STUDENT APPLICATION

Program and Applying Overview

The Governor's School for Excellence is a week-long program sponsored by the Office of the Governor of Delaware that provides traditional and non-traditional college-level education, leadership training, and social activities for academically and artistically gifted rising eleventh graders. Students nominated for Governor's School must reside in the state of Delaware and attend a selected Delaware High School. The program is held at the University of Delaware, Newark Campus on **Sunday, July 13 - Friday, July 18, 2025.**

How to apply:

Instructions for the applying student

1. Complete the 'Student Information' page (page 2).
2. Ask two teachers for a letter of recommendation using the forms provided below (pages 3-6). Teachers must have taught you within the past twelve months.
3. Send your completed 'Student Information' page, the two completed letters of recommendation, and the Achievement Test and Academic Rank page below to your guidance counselor. Your guidance counselor will complete that page.
4. Optional 500-word essay, if required by your school.

Instructions to the teachers making the recommendation

1. Complete the letter of recommendation using the letter below sent to you from the applying student (pages 3-6).
2. Send the letter of recommendation back to the applying student.

Instructions to the Guidance Counselors

1. Receive the 'Student Information' page, two letters of recommendation, and the 'Achievement test and academic rank' page from the applying student(s).
2. Complete the Achievement Test and Academic Rank page (page 7).
3. If you are not the designee to make the final decision, please forward the student's completed Academic Application package to that person, including the Student Information page, the two letters of recommendation, and the Achievement Test and Academic Rank page.

Notification of acceptance: March 2025

Student Information:

Your Full Name and email address:

Describe any community projects, extracurricular activities, or achievements you wish your school's selection committee to consider in evaluating your application.

First Teacher Letter of Recommendation:

*To be completed by the teacher.

Student's Name _____

1. What class or independent study under your supervision has the student taken during the past twelve months?
2. In your class, describe the most outstanding feature(s) of this student's work.
3. Has the student shown evidence of applying the subject matter? Please discuss.

4. Estimate the extent to which the student demonstrates the qualities listed below.

Circle appropriate numbers.

(Scale: 8-10 Superior 6-7 Good 4-5 Fair 1-3 Poor)

- | | | | | | | | | | | |
|-------------------------------------|----|---|---|---|---|---|---|---|---|---|
| • Originality of ideas | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Independence of thought | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Intellectual curiosity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Creativity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Consistency of efforts in studies | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Attitude toward other students | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Attitude toward the teacher | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

5. Please add any other comments you think would be helpful to the school selection committee in considering this student's application, including how you would rank the student among others with whom you have worked.

Teacher's Name (Type)

Teacher's E-signature

Subject Area

Second Teacher Letter of Recommendation

*To be completed by your teacher.

Student's Name _____

1. What class or independent study under your supervision has the student taken during the past twelve months?
2. In your class, describe the most outstanding feature(s) of this student's work.
3. Has the student shown evidence of applying the subject matter? Please discuss.

4. Estimate the extent to which the student demonstrates the qualities listed below.

Circle appropriate numbers.

(Scale: 8-10 Superior 6-7 Good 4-5 Fair 1-3 Poor)

- | | | | | | | | | | | |
|-------------------------------------|----|---|---|---|---|---|---|---|---|---|
| • Originality of ideas | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Independence of thought | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Intellectual curiosity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Creativity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Consistency of efforts in studies | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Attitude toward other students | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| • Attitude toward the teacher | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

5. Please add any other comments you think would be helpful to the school selection committee in considering this student's application, including how you would rank the student among others with whom you have worked.

Teacher's Name (Type)

Teacher's E-signature

Subject Area

Achievement Test and Academic Rank

*To be completed by your school's Guidance Counselor.

1. List the most recent achievements (e.g., Awards, Community Service, standardized testing data shows 90th percentile or higher):
2. Academic rank:
Student ranks ____ in class size of _____.
On a four-point grade scale, the student's grade point average is _____.

***Thank you for your interest in applying to the
Governor's School for Excellence!***