
Address all correspondence to:

TEAMS Academy at UMass Lowell
400 Olsen Hall
One University Avenue
Lowell, MA 01854

<http://gse.uml.edu/academy>
Email: teams@uml.edu
Tel: (978) 934-4613
Fax: (978) 934-2067

Please type or print neatly
Application deadline: April 1, 2008

Student Instructions:

Use the checklist below to ensure that you have completed all of the application requirements. You should note that the admissions process and the Academy itself are free of charge to students (pending state funding approval).

You should take care of the items on the checklist below right away:

- Meet with parents and guidance counselor to discuss your eligibility for the Academy and to develop a plan for your remaining high school coursework. You should be a sophomore or junior currently already enrolled in the advanced courses appropriate for your grade level. Visit our wiki web site to get the latest information about qualifications, expectations, and a description of the morning and afternoon programs:

<http://www.cs.uml.edu/teams-academy/index.php/Explore>

- Decide which TEAMS program is best for you – visit web site above for more details.
- Ask your guidance counselor to complete the Guidance Recommendation/Transcript Request.
- Prepare envelopes for each of your recommendations. Use your name and address for the return address, and the Academy's address above for the mailing address. Include a first-class postage stamp just in case the person writing the recommendation prefers to mail it directly to the Academy.
- Fill out your personal information on each of the recommendation forms, and provide the form, with a pre-addressed envelope, to:
 - A current or former math teacher (preferably an advanced algebra, pre-calculus, or calculus teacher).
 - A science teacher.
 - Optional:** If you know another adult, other than a teacher or relative, who can help us to know you, you may submit another sealed recommendation (use the Optional Recommendation Form). For example, you may want to ask your employer, a summer program instructor, a coach, etc. This recommendation may be from a teacher who can evaluate you from a different perspective (e.g., a coach or club advisor).

Review this checklist with your guidance counselor before mailing the application:

- Complete the Student Information Form A and attach your essay and other supporting information to it.
- Complete the Student Information Form B.
- Obtain recommendations (either enclose sealed envelopes or ensure recommendations were mailed to us directly) from:
 - A math teacher.
 - A science teacher.
 - Optional:** A recommendation from an unrelated adult who can provide useful information about you.
 - Guidance Recommendation/Transcript Request.
- Place all of the items above in a sealed envelope with proper postage a week before the deadline. We will only consider **complete** applications **received prior to the close of business on April 1, 2008**. We will notify you of our decision in mid-April. Use your **code name** (Form B, Question G) to check your status.



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A. Student Information:

<u>Full Name</u>			<input type="checkbox"/> Female
<small>Family Name</small>	<small>First Name</small>	<small>Middle Name</small>	<input type="checkbox"/> Male
<u>Home Address</u>			
<small>Number & Street</small>			
<u>City</u>			
<u>State/Country</u>	<u>Zip</u>	<u>Telephone ()</u>	
<u>Current Mailing Address</u>			
<small>(If different from above)</small>			
<u>Date of Birth</u>			<u>E-mail (optional)</u>
<small>Month</small>	<small>Day</small>	<small>Year</small>	
<u>Present secondary school</u>			<u>Current grade:</u> <input type="checkbox"/> 10 <input type="checkbox"/> 11
<small>Name of School</small>			
<u>City</u>	<u>State/Country</u>	<u>Zip</u>	<u>Dates of attendance</u>
<u>Type of School:</u> <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Parochial <input type="checkbox"/> Other:			
<u>List all other secondary schools you have attended:</u>			
<u>Name of School</u>			<u>Type of School</u>
<u>City</u>	<u>State/Country</u>	<u>Zip</u>	<u>Dates of attendance</u>
<u>Name of School</u>			<u>Type of School</u>
<u>City</u>	<u>State/Country</u>	<u>Zip</u>	<u>Dates of attendance</u>

B. Family Information:

	<u>Father/Guardian Information</u>	<u>Mother/Guardian Information</u>
<u>Name</u>	_____	_____
<u>Home Address</u>	_____	_____
<u>City, State, Zip</u>	_____	_____
<u>Telephone</u>	_____	_____
	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Which TEAMS program would you like to attend? Visit our web site for details.

- Morning:** Attend UMass for two courses per semester, Monday – Friday from 7:45 – 9:15 am then return to your high school for the rest of the day. Work with group of 32 regional high school students and participate in interesting group activities. Receive dual high school credits (these four courses would replace part of your high school course load).
- Afternoon:** Attend UMass Lowell for one or two courses per semester, each meeting two days per week in the late afternoon (course titles and exact schedules to be announced at a later date). Receive dual high school credits (each course would replace part of your high school course load). I will attend Fall semester Spring semester both semesters.

D. How did you learn about TEAMS? (check all that apply)

- A current TEAMS student
- Word of mouth
- Newspaper
- School teacher or guidance counselor
- Attended TEAMS Exploration
- TEAMS web site or wiki
- Other: _____



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Student Name: _____

School: _____

E. Essay, Additional Information:

Write an essay (limit to two typewritten pages) describing why you are interested in this program and attach it to this form. You may also enclose additional pages to help us know you better (essays, personal history, creative work, etc.). Please put your name and address on each piece of paper.

F. Activities:

List your principal extracurricular, community and family activities, hobbies, etc. Include specific events and / or major accomplishments such as musical instrument(s) played, clubs and organization to which you belong, varsity letters(s) earned, technology, math and science activities, etc.

Of the items listed above, which are most important to you? 1. _____
2. _____ 3. _____

Awards:

G. Select a code name:

Fill in this six digit code and use it to monitor the status of your application on our web site.

H. Signatures:

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Please note that the admissions process and the Academy itself are free of charge to students (pending approval of state funds). Free, but limited transportation to and from the daily morning program is contingent upon receiving adequate state funding.



Mathematics Teacher Recommendation Form

Address all correspondence to:

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Please type or print neatly
Application deadline: April 1, 2008

A. Student Instructions: Complete the student information below and ask a current or former advanced math teacher to complete the recommendation form.

Student Name				
Family Name	First Name	Middle Name	Birth Date	

Address				
Number & Street	City		State/Country	Zip

B. Written Evaluation: Advanced students who attend the TEAMS Academy will have the opportunity to use their existing knowledge of math and science in college-level applications courses in technology, engineering, math and science. Your student will be working with teams of other advanced students in a university classroom and laboratory environment. We are particularly interested in the student's grasp of advanced algebra/pre-calculus concepts. Please write whatever else you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. Feel free to attach a separate sheet or letter. Please place this form and any attachments into a sealed envelope for the student or mail it directly to us at the address above.

C. Teacher Evaluation:

Compared to other advanced students, how does this student compare?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand advanced concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Teacher Information:

Signature _____

Name _____

School _____

Telephone _____

Subject _____

Length of Acquaintance _____



Science Teacher Recommendation Form

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A. Student Instructions: Complete the information below and ask your current or former advanced science teacher to complete this form.

<u>Student Name</u>				
Family Name	First Name	Middle Name	Birth Date	
<u>Address</u>				
Number & Street	City		State/Country	Zip

B. Written Evaluation: Advanced students who attend the TEAMS Academy will have the opportunity to use their existing knowledge of math and science in college-level applications courses in technology, engineering, math and science. Your student will be working with teams of other advanced students in a university classroom and laboratory environment. Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. Feel free to attach a separate sheet or letter. Please place this form and any attachments into a sealed envelope for the student or mail it directly to us at the address above.

C. Teacher Evaluation:

Compared to other advanced students, how does this student compare?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand advanced concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Teacher Information:

Signature

Name

School

Telephone

Subject

Length of Acquaintance



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A. Student Instructions: Complete the information below and ask your guidance counselor to complete this form.

<u>Student Name</u>				
	Family Name	First Name	Middle Name	Birth Date
<u>Address</u>				
	Number & Street	City	State/Country	Zip

B. Evaluation: Please review the admissions requirements for the TEAMS academy (refer to your local guidelines and our website, <http://gse.uml.edu/academy/>) and the student's four year plan, then comment on this student's eligibility. Please write whatever else you think is important about this student, including descriptions of academic, extracurricular, and personal characteristics. Feel free to attach an additional page.

C. Student Conduct & Attendance

Has the student ever been found responsible for a disciplinary violation at your school, whether related to academic or behavioral misconduct, that resulted in the student's probation, suspension, removal, dismissal, or expulsion from your school? No Yes

To your knowledge, has the applicant ever been convicted of a misdemeanor, a felony, or any other crime? No Yes

How many unexcused absences has the student had this year? _____

Please call the TEAMS Academy Director if you feel there are any unusual circumstances requiring our attention..

D. Student class standing: (if available)

This student ranks _____ in a class of _____ students covering a period from _____ to _____.

Class rank is weighted unweighted not available

E. Standardized Test Scores (if available)

PSAT: CR: _____ M: _____ no scores yet

SAT: CR: _____ M: _____ no scores yet

F. Transcript: (all high school grades including the first half of current year)

Please attach an official transcript for the applicant to this form and place both in a sealed envelope. If possible, please any information you send with college applications (e.g., school brochure), and a copy of the students current schedule.

G. Counselor Evaluation:

Compared to other advanced students, how does this student compare?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character, Personal Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Counselor Information:

Signature _____

Name _____

Telephone & Fax _____

Email _____

Length of Acquaintance _____



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A. Student Instructions: Complete the information below and ask an unrelated adult (not a teacher) to complete this form.

<u>Student Name</u>				
	Family Name	First Name	Middle Name	Birth Date
<hr/>				
<u>Address</u>				
	Number & Street	City	State/Country	Zip
<hr/>				

B. Evaluation: Advanced students who attend the TEAMS Academy will have the opportunity to use their existing knowledge of math and science in college-level applications courses in technology, engineering, math and science. The applicant would be working with teams of other advanced students in a university classroom and laboratory environment. Please write whatever you think is important about the applicant and their ability to succeed at the Academy, including personal characteristics, work ethic, creative problem solving abilities, intellectual curiosity, or other important traits. Feel free to attach a separate sheet or letter. Please place this form and any attachments into a sealed envelope for the applicant or mail it directly to us at the address above.

C. How long have you known the applicant and in what context?

D. Evaluator Information:

<u>Signature</u>	<u>Date</u>
<hr/>	<hr/>
<u>Name</u>	<u>Title</u>
<hr/>	<hr/>
<u>Telephone</u>	<u>Company/Organization</u>
<hr/>	<hr/>