



Biomedical Sciences Academy Additional Application Information

Student Name: _____ **School:** _____

Please select your preferred attendance time.

A.M. (7:50 – 10:40) P.M. (12:45 – 3:35)

If your preferred time is not available, are you able/willing to attend the other? Yes No

Please note: due to the nature of the courses, some assessments prohibit the use of any calculator in Pre-Calculus and AP Calculus. If you require other types of accommodations, please reach out to the program coordinator for support.

Please list the highest level of math to be completed by the end of this school year.

Name of math or science teacher completing Teacher Recommendation Form:

Note: Students may be interviewed and/or given a mathematics assessment prior to admission in the Biomedical Sciences Academy.

School Counselor Recommendation

Please make comments that may assist in our evaluation of this student.

Student - Please complete the top of this form and give it to your school counselor.

School Counselor – Please attach this form to the student’s completed application. Your evaluation will only be viewed by school staff. Your honest assessment of this student weighs heavily on their potential for success at the MTC STEM Academy.

01/13/2021