

THE UPEI HIGH SCHOOL PHYSICS ENRICHMENT PROGRAM

Recommendation of Principal

I, _____ hereby recommend that
Name of Principal (Please Print)

_____ be allowed to participate in the
Name of Student (Please Print)

UPEI High School Physics Enrichment Program.

Signature of Principal

Date

Please feel free to attach additional information you feel will aid the Program Director in his/her decision to accept this student into the program.