Name of Teacher Applicant ________________________________________________

Number of students who will perform a science research project under supervision of the teacher applicant:

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<tr>
<th>Science Course</th>
<th>Number of Students</th>
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Consent of Principal and Science Department Chair/Science Supervisor

Name of Principal ____________________________________________________________

Name of Science Dept. Chair/Science Supervisor ________________________________

- I have met with the teacher applicant and understand the nature of the Connecticut STEM Foundation Core Mentorship Program.
- I am in support of the teacher applicant and the students who will be involved in performing science research projects during the upcoming school year and endorse the participation of these students in all applicable local and state science fairs.
- I agree to consider providing support in future years for this teacher’s science students who perform science research projects and participate in local and state science fairs. Support may include science supplies, fair registration fees and transportation to science fairs.

_________________________  _______________________
Signature of Principal       Date

_________________________  _______________________
Signature of Science Dept. Chair/Science Supervisor    Date