

# TEACHER RECOMMENDATION REQUEST

Students-please complete and submit this form to any teacher you are asking for a letter of recommendation.

**Allow at least a one week notice to the teacher.**

NAME : \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL ACTIVITIES:

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SPECIAL HONORS/AWARDS:

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OTHER INTERESTS/OUTSIDE ACTIVITIES: (Areas of special interest, talent, community work, employment)

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COLLEGE NAME AND ADDRESS: \_\_\_\_\_

CHECK IF LETTER IS FOR      ADMISSIONS \_\_\_\_\_      SCHOLARSHIP \_\_\_\_\_

SPECIAL PROGRAM (SPECIFY NAME): \_\_\_\_\_

IF FOR ADMISSIONS, INTENDED MAJOR: \_\_\_\_\_

IF IT IS FOR A SCHOLARSHIP, ARE THERE SPECIFIC QUALIFICATIONS?

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