## Letter of Recommendation Request Form Revised 06.19.14

TO:					
Teacher Name	Course taken	Grade level/Year taken			
FROM:					
FROM: Student Print FULL name	Si	Signature			
Student email:	Mobile Num	Mobile Number:			
Students:					
Ask teachers if they are able to w.	rite a recommendation later on their behalf.				
	ons on separate sheet (attach to this form)				
	letter for? (college, scholarship, job, etc.)				
<ol><li>What did you like best about t</li></ol>					
	nent that you did well in completing or that you en	njoyed completing.			
4) What grade did you receive in					
5) What will this teacher rememb					
submitted.	mpletely with clear instructions to teachers as to h				
Be sure to let teachers know to W	HICH SPECIFIC COLLEGES that you want you	r letter sent.			
-	f the following choices and sign/date:  o view this letter of recommendation.				
No, I do NOT waive my	y right to view this letter of recommendati	ion.			
Student Signature	Da	ate			
	Is this a COMMON				

Institution/Program:	Electronic Submission Deadline	Is this a COMMON APP School?  Yes or No  (If yes, teachers will complete the CA Teacher Evaluation in addition to the letter)	US Mail Submission Postmark Deadline Student should prepare an addressed and stamped envelope.	Special Instructions: i.e. college-specific forms, special submission instructions?