

REQUEST FOR TEACHER RECOMMENDATION

DATE : _____

TEACHER NAME: _____

STUDENT NAME: _____

I understand I am requesting a Letter of Recommendation from the teacher listed above. This letter will be sent to the colleges listed below. I understand the Teacher Recommendation is confidential and will not be shared with me. I understand that all Teacher Recommendations will be submitted electronically unless deemed otherwise by the college.

STUDENT SIGNATURE: _____ DATE: _____

COLLEGE NAME:	Application Deadline	Indicate how you are applying: Early Decision, Early Action, Rolling, Regular Decision
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