

Timothy Christian High School: Letter of Recommendation Request

Student's Name: _____ **Today's Date:** _____ **Counselor (Circle One):** Mr. Huizinga Mrs. Raley

Students: teachers will not receive this letter of recommendation request until you and your parents complete the student and parent brag sheets on SCOIR. Once the brag sheets are complete, your counselor will send the request to your teacher via SCOIR.

Teacher's Name: _____ **Teacher's Signature:** _____ **Date Signed:** _____

Teacher's Name: _____ **Teacher's Signature:** _____ **Date Signed:** _____

Teacher's Name: _____ **Teacher's Signature:** _____ **Date Signed:** _____

Teacher's Name: _____ **Teacher's Signature:** _____ **Date Signed:** _____

List of colleges you would like this letter of recommendation sent to:

***Students, it is your responsibility to add each school listed below to your APPLYING column of 'My Colleges' in Scoir. Once you submit the application, you must move each college to the APPLIED column. Transcripts will not be sent unless a college is listed in either of these columns.

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

College/University Name:

Date these letters of recommendation need to be submitted: _____

For office use only:

Date Received:	
Counselor:	
Date Uploaded/Sent:	