

TEACHER LETTER OF RECOMMENDATION PACKET

Student's Full Name

Label the attachment "lastname.firstname" and email directly to your teacher no less than <u>2 weeks</u> in advance of your first application deadline (not including holidays and weekends).. **Please email/share as a Google Doc.**

Important Due Dates:

- Early Action/Early Decision: Due October 15th
- Regular Decision: Due November 15th

School Application Due Dates (please list earliest deadlines first)	
Name of College/University	Application Deadline

TEACHER LETTER OF RECOMMENDATION QUESTIONNAIRE

List four adjectives that most accurately describe you and explain		
	1.	
	2.	
	3.	
	4.	

What major(s) would you like to pursue in college? What are your career goals?

Which course(s) did you take from this teacher? When did you take it and what grade did you receive?

Why did you ask this teacher to write a recommendation on your behalf?

Think about the class you took with this teacher. What makes you distinct and sets you apart from the other students in the class that this teacher might want to emphasize in your letter?

What was the most challenging part of this class and how did you respond? How will those characteristics help you be successful as a college student?

Did you complete a project or write a paper for this specific class that this teacher might remember? If so, what was it about? (If you still have a copy, please attach it).