

Wellington C. Mephram High School
Counseling Center

REQUEST FOR TEACHER RECOMMENDATION

STUDENT NAME: _____

First

Last

DATE: _____

TEACHER: _____

PRONOUNS: he/him, she/he, they/them
(Circle your pronouns)

Directions to the Student: Please fill this form out completely in order for your teacher to write a more detailed **Letter of Recommendation** on your behalf. Once you have filled out the form, ask two teachers for a recommendation.

DIRECTIONS TO THE TEACHER:** We hope you will find this form helpful in writing a more academically focused recommendation for this student. The recommendation must be submitted online. **HOWEVER**, do not upload your letter and Common App. Evaluation form until **September**. Log into Naviance Workspace using your user name and password (same as last year). Contact your counselor if you have any log in problems. **PLEASE PRINT OUT A HARD COPY OF YOUR COMPLETED TEACHER RECOMMENDATION AND COMMON APP. EVALUATION FORM AND DROP IT OFF IN THE TEACHER RECOMMENDATION TRAY IN OUR REGISTRAR'S OFFICE.**

1. What course(s) did you have with this teacher? What grade did you earn?
2. Give specific examples of what you did to contribute to this class.
3. Discuss a class project or assignment of which you were proud. What did you learn from this project/assignment?

See Reverse for Additional Questions

4. Why do you think this teacher's recommendation is helpful to your application?

5. What did you find interesting in this class and why?

6. What is your favorite memory of this class?

7. Is there anything else you would like to communicate to this teacher that would be helpful in writing a letter on your behalf?

8. What is your possible major?

9. Please attach a copy of your activity sheet.

(Please check one)

In accordance with the Federal Family Educational Rights and Privacy Act of 1974, () I do () I do not waive my right to review this recommendation.

Student Signature: _____

Date: _____