

RECOMMENDATION REQUEST FORM

GUIDANCE DEPARTMENT

Form must be submitted at least TWO WEEKS BEFORE your application is due:

1. Student's FULL Name: _____

Please complete this form and give it to each person from whom you want a recommendation. If the application has a separate form for the evaluator to complete, please attach it to this request. You must give the teacher/evaluator the appropriate recommendation forms at least TWO WEEKS prior to the college application due date.

2. Teacher / Evaluator's Name _____

3. Date given to recommender _____ 4. Deadline _____

5. Do you have a Brag Sheet on file? _____

6. Have you invited the teacher online if needed? _____

7. Have you waived your right to see the teacher's recommendation? _____

List below the prospective colleges to receive this recommendation:

NOW . . . you may give this to the teacher.

To: The Teacher/Evaluator:

You are requested to write a recommendation for the above named student. Please give a candid estimate of the student's academic performance, intellectual promise, and personal qualities. Provide specific examples where possible. If there is a form attached, please use that form.

Please SIGN your recommendation and indicate your relationship to the student.

In addition to sending it online or mailing it directly to the college, **please return the evaluation on letterhead to the GUIDANCE OFFICE at St. Maria Goretti.** Thank you for taking the time to help.

Director of Guidance