

SOMERS HIGH SCHOOL
Teacher Recommendation Request

TO: _____ FROM: _____
(Name of Teacher) (Name of Student)

Major: _____

Future Goals: _____

Other Interests: _____

Schools Applying to:

Due Date for Recommendation:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course(s) I had with you (including my grade in each course):

Some things I remember doing in this course:

What I did well – my strengths:

One of my papers or research projects that I was proud of and why:

On the back of this form, add any additional information about you that will help the teacher write a more complete recommendation. ***Please allow teachers at least 20 working days prior to your application deadlines to complete recommendation.***

Please attach your activity resume to this form.