

SENIOR REQUEST FOR RECOMMENDATION

To be completed when requesting a letter of recommendation from your counselor.

Student's Full Name _____

Counselor _____

Please allow at least 2 weeks to complete forms and recommendations.

Please submit letter in the following way:

_____ Upload application online

_____ Return recommendation to student in a sealed envelope.

_____ Mail recommendation to following address:

Institution Name _____

Street _____

City, State, Zip _____

WAIVER

All college recommendations are confidential in nature. Therefore, we ask that you sign the waiver below before asking your counselor to complete your college recommendation letter. A parent/guardian signature is also required if you are not yet 18 years of age.

"I waive the right to see the recommendation submitted to the college(s) of my choosing."

Student Signature

Parent Signature

Where do you intend to apply: _____

Intended Major(s) _____

Please complete all the information requested on the following pages. You may also submit a COMPLETE resume, if you have one.

1. List five adjectives or phrases that best describe you:

2. List community service and/or school involvement:

3. List awards and/or scholarships you have received:

4. List your leadership activities:

5. Describe your career/educational goals after high school i.e. college, military, technical, other:

6. List all past or present work experience:

STUDENT'S FORM FOR RECOMMENDATION ASSISTANCE

Name: _____

Please complete the following information so that I may prepare your recommendation. Thank you!

7. Describe a difficult circumstance you've faced in your lifetime. How did you overcome the challenge?
How has it shaped who you are today?

Please add anything else that I should include in your recommendation on the back of this sheet.