



Request for Teacher Letter of Recommendation

Student Name: _____

SS#: _____

Date Received: _____

Earliest date recommendation needed, if known: _____

(note: Teachers must have AT LEAST two weeks to complete the requested letter)

Questions for teacher recommendation:

Teacher Name: _____

1. Course(s) taken with this teacher [and when taken]:

2. What project or assignment did you most enjoy in my class? Why? **OR** What project or assignment in my class was the most challenging to you? Why?

3. What was the most important thing you learned in my class? What helped you to learn it?

4. Where do you see yourself ten years down the road? In twenty years?