

Teacher Use Only

Date Completed: \_\_\_\_\_ Date Given to Student: \_\_\_\_\_

**Union County Early College High School  
TEACHER RECOMMENDATION REQUEST FORM**

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Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Graduation Year \_\_\_\_\_

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Teacher's Name \_\_\_\_\_ Recommendation Deadline \_\_\_\_\_

*Attached is teacher recommendation form required by the college or institution. All information has been completed except for the teacher comments.*

Ask teachers (in person) if they will consider writing recommendations for you. Each teacher may opt to write a limited number of recommendations. Teachers have the right to say no, especially if asked at the last minute. This sheet is to be completed and given to your teacher AFTER your teacher has agreed to write you a letter of recommendation. The answers to the following questions will be very helpful to your teacher, so **please give full, thoughtful, and specific answers!**

1. Name of course and final grade earned (list other courses, if appropriate):
2. Describe a SPECIFIC moment from class in which you were at your best (feel free to give more than one example, but be specific) This should be a moment that might work well in your letter:
3. Describe what you enjoyed most about the class. Describe what you found most challenging about the class.
4. As a student in this class, how would describe yourself? What are your academic strengths and weaknesses? What challenges have you overcome in this class?
5. Is there anything else specific that you would like your teacher to mention in your recommendation?