

Seneca Valley High School
STUDENT REQUEST for
LETTER OF RECOMMENDATION

Student:

1. **ASK** teacher/counselor to write recommendation **4 weeks** in advance of the deadline.
2. **GIVE** this completed form to the teacher/counselor with any other form that the college requires.
3. **FOR MAILED RECOMMENDATIONS**, give the teacher a letter-size envelope with postage addressed to each college. Do NOT put a return address, but write your name only in the top-left corner of the envelope.
4. **FOR ELECTRONIC RECOMMENDATIONS**, follow instructions on the *Students' Guide to Family Connection/Naviance*.
5. **FOLLOW-UP** on this request to make sure the recommendation has been completed.
6. **THANK** staff for taking the time to write your recommendation!

Person writing recommendation: _____

NOTE TO STAFF from COUNSELING SERVICES: A recommendation is required and appreciated for this student's acceptance. If you are unable to provide your recommendation by the requested date, please contact the student's counselor as soon as possible so that we may notify the student. Thank you.

Student name: _____ **ID #** _ _ _ _ _

Counselor's name: _____

Recommendation purpose: ___ College Admission ___ Scholarship

Recommendations needed at this time:

Student: Indicate names of institutions (colleges, scholarships, etc.) and indicate whether the recommendation for each one is via e-doc (E) or mail (M) after checking Family Connection.

	E or M		E or M

Attachments to help write the recommendation:

Student: Complete applicable items below and give them to the person writing recommendation.

- ___ Required form(s) from the college(s)
- ___ Student resume, student self-evaluation and/or parent brag sheet for reference

Date that staff was asked for recommendation: _____

Date that earliest recommendation must be sent: _____

For teacher use only:
Date recommendation was sent, mailed or given to student _____