

## Teacher Recommendation

## To the Applicant:

Please complete this shaded box, give to the person indicated and request that this form be mailed directly to the Office of Admissions.

This form is to be completed by a teacher who has taught you in an academic subject in grade 11 or 12.

Name				
	first	middle	last	
Address				
	sti	reet, route or PO Box		
city	state			
		anuary (year)		
To the Teache	or:			
		on the <b>front and back</b> of this fo	rm	
	n directly to the Offic			
1 How long have	you known this stuc	lent?		
-	-			ere
O Less	s than two years	O Two to four years	O More than four years	4 40
2. What subject(s)	) have you taught he	r and in what academic years?		Detach here
2 Diagon rata tha	applicant on the gu	alitics listed below.		
3. Please rate the applicant on the qualities listed below:				
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			1 1	
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