

Counselor Recommendation Request

To Be Submitted 4 Weeks Prior to Your First Deadline Date

Student Name: _____

Counselor Name: _____

Date of Request: _____

E-Mail: _____

Cell/Home Phone Number: _____

Please list your:

1. Earliest College Deadline: _____

2. Provide the Name of College/University: _____

3. Application Type: Early Decision _____

Early Action _____

Regular _____

Rolling _____

Other _____

TEACHER RECOMMENDATIONS WILL BE UPLOADED INTO NAVIANCE:

1. _____
Teacher's Name

2. _____
Teacher's Name

TEACHER RECOMMENDATIONS WILL BE MAILED:

1. _____
Teacher's Name

2. _____
Teacher's Name

Please submit the following required documents and fees to your secretary.

_____ **Counselor Recommendation Request Form**

_____ **Final Activity resume**

_____ **Copy of Essay**

_____ **\$5.00 Transcript Processing Fee**

Counselors: Attached please find the required documents to request a recommendation.