



# Letter of Recommendation Request

ALLOW A MINIMUM OF 2-3 SCHOOL WEEKS FOR LETTERS TO BE COMPLETED

ALL ANSWERS INCLUDED IN THIS FORM MUST BE TYPED

UC & CSU COLLEGES DO NOT REQUIRE LETTERS OF RECOMMENDATION UNLESS YOU ARE APPLYING TO A SPECIAL PROGRAM OR YOU ARE SPECIFICALLY ASKED TO SUBMIT ONE.

**Student Name:**  **ID #:**

## Colleges or Scholarships to which you are applying:

NAME:	MAJOR/MINOR:	DUE DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Complete the questions below to help your counselor, teacher, or administrator write your letter of recommendation.**

Your best 3 qualities:

How would you describe your personality to someone you just met?

What are your career goals and how did you come to that decision?

Ways in which you have made an impact in school, the community, and/or in your family:

What points, qualities, or additional information should be included in your letter of recommendation and why is this significant to you?

Elected Office & Leadership Positions:

Dates:


School Clubs and/or Organizations:

Dates:


Awards and Honors:

Dates:


Other:

Dates:
