



# Letter of Recommendation Request Form

*Form must be presented to the MSMHS Staff Member in Person  
at least 2 weeks before the desired date of completion*

Name of Student: \_\_\_\_\_ Letter Due Date: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Class(es) Taken w/ Teacher: \_\_\_\_\_

Colleges/Scholarships Applying to: \_\_\_\_\_

*Complete the following chart according to your performance with the teacher listed above*

Characteristic	Excellent	Above Average	Average	Below Average
Academic Achievement				
Emotional Behavior				
Character				
Ownership				
Motivation				
Productive Participation in Class				

Please list three things you would like the recipient(s) of this letter to know or remember about you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Extracurricular Activities and Leadership Positions at MSMHS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Service/Volunteer/Outside MSMHS Experiences:

\_\_\_\_\_  
\_\_\_\_\_

Personal and Academic Strengths (List 5):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards or Recognitions Received while enrolled in High School:

\_\_\_\_\_  
\_\_\_\_\_

Intended Major(s) of Study & Future Career Aspirations:

\_\_\_\_\_

Name of the other teacher being requested to write a recommendation: \_\_\_\_\_