



**Student to complete:**

LAST/FAMILY/SURNAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER (IF APPLICABLE) Date of birth MONTH, DAY, YEAR

Day telephone AREA/COUNTRY CODE, NUMBER Evening telephone AREA/COUNTRY CODE, NUMBER E-mail address

Semester/year for which you are applying  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

SCHOOL NAME CEEB CODE

ADDRESS CITY, STATE COUNTRY ZIP CODE/POSTAL CODE

TEACHER NAME TELEPHONE NUMBER

**Teacher to complete:**

Additional space on the back of this form is provided for you to elaborate on your recommendation. (Please Type)

**RECOMMENDATION**

How long have you known this applicant? \_\_\_\_\_ years

Please give us your recommendation regarding this applicant's preparation for study at Howard University.

Highly recommend  Recommend  Recommend with reservations  Do not recommend

TEACHER NAME TELEPHONE NUMBER EMAIL ADDRESS

TEACHER SIGNATURE DATE

