

The Bullis School Teacher Recommendation Request Form

Students: Complete Part I of this form. Give it, and any forms required by the college(s), to your teacher at least ONE MONTH prior to your earliest college application deadline. Return the completed form to the College Counseling Office. Please make a file copy of the form for both you and your teacher.

Part I: To be completed by the student:

Name (please print): _____

Earliest college application deadline: _____

Teacher's name (please print): _____

Class and year you had the teacher: _____

Part II: To be completed by the teacher:

____ I agree to write a college recommendation for the student named above.

Teacher's signature: _____ **Date:** _____