

STEM Student Request for a Letter of Recommendation

Student Name: _____

Teacher from whom student requests recommendation: _____

Name of College/Organization: _____

Date by which completed letter (or confirmation of submission for electronic applications) should be submitted to Ms. Boyer: _____

Application Deadline: _____

Person/Organization to whom the salutation should be addressed: _____

College/Organization Address: _____

Will this letter be completed & submitted electronically? _____ If so, describe how and when the person providing the recommendation will receive the link.

I understand that if I have received any days of OSS, more than 3 days ISS, or any office referrals from the teacher listed above, my request may be denied. I further understand that it is my responsibility to *submit my request at least **three weeks** prior to the date the letter is needed.*

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

***** OFFICE USE ONLY ***** DO NOT WRITE BELOW THIS LINE ***** OFFICE USE ONLY *****

Date received in MO: _____ Date received by discipline clerk: _____

Days OSS this school year: _____

Days ISS this school year: _____

Office referrals from requested teacher: _____

Date received by recommender: _____ Date returned to MO: _____

This form is to remain on file in the Middle Office until student graduates.