

MCDONOUGH HIGH SCHOOL REQUEST FOR LETTER OF RECOMMENDATION

NAME				DATE	
Last Legal F	irst	E-mail address			
Please complete this form to request a langed to complete this recommendation completed the form in its entirety, please completed only once. Each counselor ask your counselor to make a copy for y days for your counselor to complete recommendation letters so you are recommendation.	etter of recommends of your counselor of return it to your concepts this form on you. PLEASE PRING the recommendat	can complete an online ounselor or with your a file. If you need a copy NT OR TYPE. Please ion. The counseling	oleting recor applica y to su allow	nmendation. Once you have tion. <i>This form needs to be</i> bmit to other teachers, please a minimum of seven business	
ANSWER ALL QUESTIONS	BELOW SO WE	CAN WRITE A DET	AILE	D RECOMMENDATION	
1. Briefly describe your plans after and/or etc.). What is your anticipa school?					
2. To whom does the recommendation need to be addressed? List below with complete information.					
Contact Person/Organization	Purpose of Recommendation		Recommendation Deadline		
3. List clubs, activities, and service organizations you have participated in at high school.					
Name of club, activity, or service		Grade(s) of		List any leadership roles	
organization		Participation (circle all tha		roles	
		apply)			
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Name of non-school activity (Volunteer, Community Activity)	Length/Grade of particip	Dation List any leadership roles		
COMPLET	E INFORMATION ON TH	E REVERSE SIDE		
5. List any honors and awards you	have received in or out of	school.		
Name of Honor/Aw	ard	Year Received		
7. Three words that best describe you		engths) that will help me know you better.		
9. Other comments/experiences you an obstacle you overcame academ		elp me write your recommendation, such as lly.		

ATTACH ADDITIONAL PAPER IF NECESSARY.