RECOMMENDATION FORM TO BE FILLED OUT BY A TEACHER OR GUIDANCE COUNSELOR
AND EMAILED DIRECTLY TO US.

Applicant’s Name:_________________________________________________________

Applicant’s Current School:________________________________________ Grade:________________

Please list the school applicant is applying to:________________________________________

The following must be completed by a teacher or guidance counselor. Please submit this form directly to Student/Partner Alliance via email to info@studentpartneralliance.org with the student’s name in the subject line.

1. Name of recommender:____________________________________________________

2. Affiliation:______________________________________________________________

3. Telephone number:_______________________________________________________

4. Your relation to applicant:__________________________________________________

5. How long have you known the applicant?_____________________________________

6. Please describe the student’s academic performance in relation to that of other students in his/her current school.
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

7. Briefly explain the applicant’s strengths and weaknesses:________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Signature:_________________________________________________ Date:__________________

THANK YOU. ONCE COMPLETED, PLEASE EMAIL THIS FORM DIRECTLY TO STUDENT/PARTNER ALLIANCE AT INFO@STUDENTPARTNERALLIANCE.ORG