Bolton Central School Bolton Landing, NY 12814 **Request for Recommendation**



| Student's Name: | |
|---|--------------------------------|
| Teacher's Name: | |
| I am applying to college and would like to request a letter of recommendation. Please submit the letter directly to the Guidance Office. (Letters may be sent as an email attachment but you still will have to provide a hard copy to the Guidance Office). | |
| Student Signature Da | ate: |
| A recommendation from one who knows a candidate and his/her personal qualities is of great help in understanding the candidate. Particular focus might be on evidence about character, relative maturity, independence, values and special talent or quality he/she possesses. Please return this form along with your letter of recommendation within three weeks of receiving. | |
| Describe what you enjoy most about the class. | |
| What specifically about this class and or teacher made you decide recommendation? | to ask him/her for a letter of |
| Do you currently have a college major in mind? | |
| Tell me something about yourself that I didn't already know. | |