

JOHN P. COYLE
Principal



MELISSA MICHEL
School Counseling Aide

REQUEST for TEACHER RECOMMENDATION

Dear _____, Date: _____

Student Name: _____

Colleges applying to: _____

Application Deadline: _____

Major: _____

I have taken the following classes with you: _____

Describe your best effort/assignment/contribution to class: _____

School Activities (clubs, sports, etc.):

Work Experience:

Activity	Grade(s) participated	Job	Dates
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		
	___ 9 ___ 10 ___ 11 ___ 12		

Awards & Honors:

Name of Award	Type of Award	Year(s) Awarded
	___ Athletic ___ Academic	___ 9 ___ 10 ___ 11 ___ 12
	___ Athletic ___ Academic	___ 9 ___ 10 ___ 11 ___ 12
	___ Athletic ___ Academic	___ 9 ___ 10 ___ 11 ___ 12
	___ Athletic ___ Academic	___ 9 ___ 10 ___ 11 ___ 12
	___ Athletic ___ Academic	___ 9 ___ 10 ___ 11 ___ 12

believe. achieve. succeed.

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