Plainview-Old Bethpage John F. Kennedy High School Guidance and Counseling Center

TEACHER RECOMMENDATION FORM

Student Name:		Date of Birth:						
	Coll	ege(s)	I am a	applying to:				
Please indicate the college na the type of application (ear deadline , (ie: 11/1).			-		-		_	
College/University Name Ie: Binghamton University	App Type Comm. App or Directly	App. Type Ie: EA	App. Deadline ie: 11/1	College/University Name Ie: Binghamton University	App Type Comm. App or Directly	App. Type Ie: EA	App. Deadl ie: 11/	
1.				6.				
2.				7.				
3.				8.				
4.				9.				
5.				10.				
Please make sure you writ	e the exact 1	name of	the schoo	l (ex. University at Buffalo or Buf	falo State C	ollege)	<u> </u>	
My Counselor is:		······································						
** It is our expectation started your application			submit 1	this form to your teacher tha	ıt you hav	e <u>alrea</u>	<u>ıdy</u>	
Student's Signature/ Date								