Date Received:
Resume attached Y/N

RANCHVIEW SENIOR REQUEST FOR LETTER OF RECOMMENDATION

To be completed when requesting a letter of recommendation from your counselor.

Student's Full Name:	Counse	elor:		
Please allow	at least <u>2 weeks</u> to complete	forms and recommendate	tions.	
Please indicate how your cour	nselor should submit your lett	er:		
Return recommendation t	on. If yes circle which platform: Com to student in a sign/sealed enveloned the address below. Please provi	ope.		
Institution Nan	ne			
Street				
City, State, Zip_				
	COLLEGES I'M APPL	YING TO		
College Name:		Common App	Apply Texas	Other
	App. Deadline		TX	0
			TX	0
			TX	0
			TX	0
	App. Deadline	CA	TX	0
	WAIVER			
below before asking y	ns are confidential in nature. our counselor to complete y n signature is also required if	our college recommendat	ion letter.	
"I waive the right to see to understand that if I do not pr	the recommendation submit ovide at least two weeks not be able to complete the ro	ice before deadline then		
Student Signature		arent Signature		

PLEASE COMPLETE THE FOLLOWING TO ASSIST YOUR COUNSELOR IN COMPLETING YOUR RECOMMENDATION

1.	Describe the assets/characteristics that will set you apart from thousands of other applicants applying for college?
2.	Describe your career/educational goals after high school i.e. college, military, technical, other:
3.	Write about your experiences as a leader. How have you made an impact at Ranchview or in your community?
4.	Are there any extenuating circumstances in your life which may have affected your grades that needs to be shared with colleges?