Teacher Recommendation Form

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| Teachers Name: |  |
| Students Name: |  |
| Date Submitted to Teacher: (mm/dd/yyyy) | **\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** |
| Cumulative GPA (100 pt. scale) |  |

**School Activities**:

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**Awards/Nominations/Honors:**

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**Employment:**

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**Volunteer work and number of hours:**

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**Other information/special circumstances:**

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