TEACHER RECOMMENDATION QUESTIONNAIRE

Student:	Teacher:
Advisor:	
and submit it to your teacher recommenders by Octo to your recommender. Your responses may be very h	ent to write for you, please complete this form thoughtfully and fully beer 1st or earlier if requested. You submit this Questionnaire once elpful to your teacher as they write your recommendation. The more re effective and full your recommendation will likely be.
Name of course(s) and final grade(s) earned:	
What topics did you most enjoy from class? Why?	
What papers, projects or other assignments did you	ı most enjoy or found impactful? Why?
How would you describe yourself as a student in thi	s class? What are your academic strengths?
What is an example of a time you worked collabora	tively in class and/or learned from others?
Potential majors/areas of study in college:	
ls there anything else that you would like your teach	ner to know about you when writing your recommendation?