

Ocean City High School
Ocean City, New Jersey 08226

GUIDANCE DEPARTMENT
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Dane J. Tabano, *Counselor*
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Andrea S. Kuhlberg, *Counselor*

STUDENT REQUEST FOR A LETTER OF RECOMMENDATION

STUDENT NAME: _____

TEACHER/COACH/EMPLOYER NAME: _____

SCHOOL COUNSELOR: _____

DATE REQUESTED: _____ PLEASE COMPLETE BY: _____

Please allow the teacher a minimum of 2 weeks to complete the request.

Notes to the Recommender:

- **You do not need to wait until September 2020 to upload.**
- State specific examples about the student in your letter, a memory from class, the student's mastery of something specific or observed behavior.
- The final letter of recommendation should be created on school letterhead.
- ****Teachers will also need to fill out the COMMON APPLICATION teacher evaluation form. This cannot be completed until fall 2020.**

Check list for the Student:

_____ I have attached an updated resume' or activity list.

_____ I have provided the recommender with ***more than 2 weeks*** to complete the letter of recommendation.

_____ I have added my teacher request into my Naviance account

The teacher/counselor recommendation is considered a confidential document. It will only be released by the guidance office to the college admissions office and/or scholarship committee.

PLEASE SEE THE REVERSE SIDE FOR ADDITIONAL INFORMATION

List of colleges/universities I am considering:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)

Possible college major(s)/Area of interest: _____

Favorite memory from your class: _____

Career I am considering: _____

Please note here any additional information that may be helpful in writing your Letter of Recommendation:

*****Don't forget to attach your updated resume or activity list.***

Be sure to follow up with a “thank you” to the staff member. Good luck!