Teacher Recommendation Form (Please type or print clearly)

Student to Complete:

LAST/FAMILY/SURNAME                        FIRST NAME                        MIDDLE NAME
________________________________________________________________________________________________
DATE OF BIRTH
SOCIAL SECURITY NUMBER (IF APPLICABLE) MONTH, DAT, YEAR
Day Telephone ________________________________ Evening Telephone _____________________________
AREA/COUNTRY CODE, NUMBER AREA/COUNTRY CODE, NUMBER
____________________________________________________________________________________________________________
SCHOOL NAME CEEB CODE
____________________________________________________________________________________________________________
ADDRESS CITY, STATE, COUNTRY ZIP CODE/POSTAL CODE
____________________________________________________________________________________________________________
TEACHER NAME TELEPHONE NUMBER

Teacher to Complete:

RECOMMENDATION
How long have you known this applicant? _____________ years
Please give us your recommendation regarding this applicant’s preparation for study at Morgan State University.

______Highly recommend _______Recommend _______Recommend with reservations _______Do not recommend

TEACHER NAME TELEPHONE NUMBER EMAIL ADDRESS

TEACHERS SIGNATURE DATE

Additional space on the back of this form is provided for you to elaborate on your recommendation. (Please type or print clearly)