

HIGH SCHOOL OF AMERICAN STUDIES AT LEHMAN COLLEGE
Student Self Recommendation for Activities Other than College

Student Name _____ Date: _____

Phone _____ Email _____

We believe that you should have a certain amount of input into any letter of recommendation that is written to on your behalf. Consequently, we are asking for your perceptions about your educational and personal growth.

Instructions

Please carefully answer the following questions on a separate sheet of paper. Answer them with care, as your responses will help generate a good counselor recommendation. If you reference a job, program, volunteer work, please provide the full name of the company, organization, program etc.

All responses must be typed. You may email your responses to Mharris4@schools.nyc.gov or Bwise@schools.nyc.gov Please use **only** Microsoft Word. You should get an email within a few days that allows you to know that we have received this information. Please number your responses to correspond with the questions. *The tear off at the bottom of the student self-recommendation questionnaire included must be signed, dated and returned before the recommendation letter is written.*

1. Please discuss in detail your cumulative grades at the time of this request. Please notate any fluctuations or failures that may appear of your transcript/report card.
2. Discuss any circumstances in your life that might have had a negative/positive impact on your academic performance.
3. What are your proudest accomplishments and **why?** a. Academic b. Personal
4. What are your career goals and plans?
5. How would your friends and/or family describe you? What would they say?
6. List five descriptive adjectives that tell something about you as a person.

List your Favorites

1. Favorite book:
2. Favorite activity:
3. Favorite movie:
4. Favorite section of newspaper:
5. Favorite quotation:
6. Favorite T.V. show:
7. Favorite keepsake:
8. Favorite time of day:
9. Favorite academic subject:
10. Favorite website:
11. Favorite source of news:
12. Favorite meal/food:

Sign below, and return to Ms. Harris/Ms. Wise. Below will serve as your receipt.

I _____ understand that the information
(Student's Name)
submitted from this self recommendation form may be used to influence the content of the counselor's
recommendation letter. _____
(Student's Signature) (Date)

Comments: _____

Student Name: _____ Phone number: _____

**High School of American Studies at Lehman College
2925 Goulden Ave.
Bronx, NY 10468**

Michele Harris,
Guidance Counselor/College Advisor

Beth Wise
Guidance Counselor/College Advisor

TEN SCHOOL DAYS ARE REQUIRED TO PROCESS THESE REQUESTS

**TRANSCRIPT and LETTER OF RECOMMENDATION request/receipt for
Scholarships, Internships and summer programs**

STUDENTS: Use this Request/Receipt Form for your Scholarships, Internships, or Summer Programs ONLY. Fill in your name and name of program or scholarship you are applying to in the spaces provided.

(Student's Name)

(SS#, IF REQUESTED BY PROGRAM)

(Date Submitted to Counselor)

INFORMATION NEEDED: CIRCLE: Transcript SAT/PSAT scores Letter of Recommendation

School Profile Student will mail

School will mail _____

(Date given to student/mailed by the college office)

or FAX TO: _____

Date Due: _____

(NAME OF SCHOLARSHIP or PROGRAM)

(ADDRESS)

(CITY, STATE & ZIP CODE)

RECEIPT FOR TRANSCRIPT/LETTER OF RECOMMENATION MAILED/Faxed or Returned to You
STUDENT: You will receive this tear-off as notification that your transcript has been mailed, faxed or returned to you for mailing by the guidance office.

LAST NAME: _____ **FIRST NAME** _____

(NAME OF SCHOLARSHIP OR PROGRAM)

Date Given/Mailed/faxed/completed

Counselor's Signature