



Student to complete:

LAST/FAMILY/SURNAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER (IF APPLICABLE) Date of birth MONTH, DAY, YEAR

Day telephone AREA/COUNTRY CODE, NUMBER Evening telephone AREA/COUNTRY CODE, NUMBER E-mail address

Semester/year for which you are applying Fall 20 _____ Spring 20 _____ Summer 20 _____

SCHOOL NAME CEEB CODE

ADDRESS CITY, STATE COUNTRY ZIP CODE/POSTAL CODE

TEACHER NAME TELEPHONE NUMBER

Teacher to complete:

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

RECOMMENDATION

How long have you known this applicant? _____ years

Please give us your recommendation regarding this applicant's preparation for study at Howard University.

Highly recommend Recommend Recommend with reservations Do not recommend

TEACHER NAME TELEPHONE NUMBER EMAIL ADDRESS

TEACHER SIGNATURE DATE

