



SENIOR TO SOPHOMORE ~ PRINCIPAL RECOMMENDATION

PROPOSED S2S TEACHER: _____
(Please print) Last First

SCHOOL: _____
City School Name District Number

SENIOR TO SOPHOMORE DISCIPLINE/COURSE: _____

PRINCIPAL: _____

PHONE: _____ E-MAIL ADDRESS: _____

ACADEMIC BACKGROUND OF PROPOSED S2S TEACHER:

Undergraduate Degree: (Degree, Institution & Year Awarded) _____

Undergraduate Major & Minor: _____

Graduate Degree: (Degree, Institution and Year Awarded) _____

Graduate Area of Concentration: _____

TEACHING EXPERIENCE AT YOUR SCHOOL: _____

RECOMMENDATION: _____

RECOMMENDATION PROVIDED BY:

Name (Please print)

Signature

Date