

ECA Theatre Department

College Recommendation Procedure

1. **You must request a teacher to write you a recommendation in writing by October 1.** Teachers will accept up to 7 students each. Once a teacher has 7 students, he/she will request you ask another ECA teacher. Teachers will not honor requests after October 1.
2. Except in special circumstances, please do not ask more than **one** of your ECA Theatre Department teachers to write a recommendation. More than one teacher from the same department is a nonessential duplication of credentials for most schools, and an unnecessary and time-consuming effort from your teachers
3. Please provide this teacher with a typed hard copy or email of all the classes you have taken with him and her (9th grade: Acting Techniques; 10th grade: Voice and Speech, etc.) If you have one, provide a resume.
4. Please provide a list of the colleges and universities to which you are applying, and the due dates for the recommendations.
5. The faculty strongly recommend that you waive seeing your recommendation.
6. Please provide an addressed, stamped envelope to each college or university to which the recommendation is to be sent. For digital recommendations, please provide clear instructions.
7. **Finally, provide the teacher with a packet in a large envelope that includes all the above information 6 weeks prior to the date the earliest recommendation is due.**

Your ECA Theatre teacher will notify you when your recommendation has been sent. Teachers will no longer give you a copy of the recommendation, as most schools ask that these recommendations remain confidential.

We are very proud of each of you, and want to do the very best we can to help you with your college applications. Following the above procedures will assure that your recommendation gets the attention it deserves, and is sent out to the right school at the right time. Please let us know if we can help you with any unusual circumstances or situations.

With very best wishes,

The ECA Theatre Faculty

COLLEGE RECOMMENDATION REQUEST FORM

ECA THEATRE DEPARTMENT

Your Name: _____ Date of request: ____ -

Your email address(please print CLEARLY): _____

Phone number (best way to reach you): _____

Teacher to provide recommendation: _____

List classes with this teacher:

Circle the grade of this class

- | | | | | |
|----------|---|----|----|----|
| 1. _____ | 9 | 10 | 11 | 12 |
| 2. _____ | 9 | 10 | 11 | 12 |
| 3. _____ | 9 | 10 | 11 | 12 |
| 4. _____ | 9 | 10 | 11 | 12 |
| 5. _____ | 9 | 10 | 11 | 12 |
| 6. _____ | 9 | 10 | 11 | 12 |
| 7. _____ | 9 | 10 | 11 | 12 |
| 8. _____ | 9 | 10 | 11 | 12 |
| 9. _____ | 9 | 10 | 11 | 12 |

Colleges/Universities to which you are applying

Due date for recommendation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Please list all attached applications, and stamped, addressed envelopes: