REQUEST FOR TEACHER RECOMMENDATION

Student's LAST NAME	Student's FIRST NAME	CNUSD Student ID NUMBER (6-digits)

Notice to Students: *Completion an application and/or receiving a teacher recommendation does not guarantee enrollment into the programs selected below.*

Dear _____, I'm applying for one or more courses that require a teacher recommendation. I would greatly appreciate it if you could take a few moments of your time to submit an electronic recommendation form on my behalf for the courses selected below:

- ☐ ASB Leadership
- ☐ AVID
- ☐ School Service (Teacher/Office/Library)
- ☐ Yearbook
- ☐ WEB Leadership
- ☐ Honors History
- ☐ Honors Language Arts
- ☐ Honors Science

*****ATTENTION TEACHERS*****

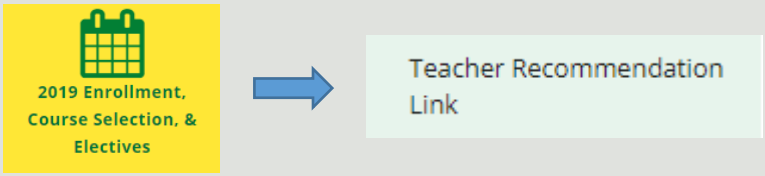
Your input is very important to us. The electronic form contains recommendation questions for each of the programs listed above. Using the form, indicate programs you recommend the student be considered. Only **one** electronic form is required per student.

There are three ways to access the form:

Option 1: Enter the following URL in your web browser
https://riverheights.cnusd.k12.ca.us/our_school/2019_enrollment__course_selection____electives/teacher_recommendation_link

Option 2: Using the following QR Code

Option 3: Use the shortcut located on the RHIS Homepage



Please note that submissions will only be accepted while logged into the CNUSD network. Responses **WILL NOT** be shared with students, parents, or guardians.