Faculty Recommendation Form

To be filled out by guidance counselor:

Faculty Name: ________________________________

Term: ______________________________

Date: __________

School Without Walls Senior High School has approved the above mentioned faculty member to participate in the School Without Walls Exposure Program.

Counselor Name and Telephone Number

__________________________________________

Counselor Signature

SUMMER & NON-DEGREE PROGRAMS
2100 Foxhall Rd, Academic Building, NW • Suite 115 • Washington, DC 20007

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