Request for Letter of Recommendation

Faculty member: ____________________________

Your name: __________________________________

Letter addressed to: __________________________

Title or position in organization: __________________________

Complete street address: __________________________

___________________________________________

Today’s date: _________________________________

Date needed: Please note, allow 7-10 days to process your request. __________________________

Reason for letter: _____________________________

___________________________________________

___________________________________________

What about you would you like in this letter? (Accomplishments, extracurricular activities, etc)

___________________________________________

___________________________________________

___________________________________________

Anything else? ________________________________

___________________________________________

□ Attach CV

□ Per agency request, please mail letter electronically

□ Per agency request, please mail hardcopy directly to health care agency

□ Please place letter(s) with the RN Office Receptionist for pick up by me

Revised 7/29/13