

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