Letter of Recommendation-Reference Request Form

Please complete the following information and return this form to me (slide it under the faculty member’s door, email it, or give it to the LCN Secretary at either campus). Once your request is received, please allow up to 2 weeks for me to write your letter of recommendation. Most places like recommendation letters to be typed on Lakeview College of Nursing letterhead and mailed to them directly, in a sealed envelope with my signature across the back.

For a letter of recommendation, indicate what you need:

☐ A typed letter of recommendation for employment
☐ A typed letter of recommendation for N408 Senior Seminar
☐ A typed letter of recommendation for a scholarship application
☐ Completion of a recommendation form (please attach):
☐ Permission to use my name as a reference on your resume (my contact info below)
  ☐ Place the above information in my Lakeview mailbox
  ☐ Send the above information to me at home (legibly write your address below)

PRINT Your Name legibly:_________________________________________

Today’s Date:___________________________________________

Name and address of the person to whom you would like the letter directed, otherwise it will say “To Whom it May Concern:”

Name of class/clinical when I had you as a student, with date:

List your area of interest:

Your anticipated graduation date:__________________________________

5/22/2008