



## Request for Letter of Recommendation

(Please submit to instructor with at least TWO WEEKS NOTICE)

Instructor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student or Graduate Name: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Student or Graduate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Date Reference is needed: \_\_\_\_\_ Number of copies requested: \_\_\_\_\_

2. Name, title, address of person to whom reference should be directed.  
Name of facility/school or business if applicable: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Disposition of Reference (**check one**):

Student/graduate will pick up                      Send directly to facility/school or business

Send to student/graduate at above address

4. Purpose of reference.

5. List strengths (community, nursing, school) you would like mentioned. (It would be helpful if you attach a copy of your resume).

6. Describe future plans and goals (for example, IV certification, ACLS, EKG course, education, nursing practice).

7. Other

8. My signature authorizes release of information for this reference.

\_\_\_\_\_  
Student/graduate Signature

\_\_\_\_\_  
Date