

Letter of Recommendation Form

Complete this form if you want to request letters of recommendation for graduate school or for a job position from psychological science faculty.

Return this form to Ms. Mia West (mia.west@gcsu.edu; 1-03 Arts & Sciences).

Section 1 – Please type

Name:

Permanent phone number:

Today's Date:

Expected Graduation Date:

GC Email:

Personal Email:

1st Major:

2nd Major:

1st Minor:

2nd Minor:

Name of Letter Writer	Courses you have taken with them	Semester taken	Grade	How long they have known you
1.				
2.				
3.				

Section 2

Check one:

- I waive my right to review a copy of this letter at any time in the future.
- I do not waive my right to review a copy of this letter at any time in the future.

- I asked all of my designated letter writers to write me a letter of recommendation.
- All my designated letter writers have agreed to write me a letter of recommendation.
- I understand that a letter writer may ask me for additional information.
- I am submitting this form 3 weeks prior to my first letter of recommendation deadline.
- I give my permission to the designated letter writers listed on this form to write a letter of recommendation to the schools to which I am applying. Each letter writer has my permission to include data from my academic record, including but not limited to class grades and GPA, in this letter.
- I will promptly inform my letter writers if I decide not to apply to any of the stated programs on this form.

I have read and understand all the statements above. I also understand that it is in my best interest to have a faculty mentor assist me in the application process.

Student Signature

Date

Your name: _____

Section 3 – Please type						
Institution Name and Full Mailing Address for Your Letter (even if letter is to be emailed)	Program/Work Contact Person(s) with Their Title	Exact Name of Program/Job Position	Degree, if applicable (Circle)	Application Deadline	Additional Forms required? (Circle)	Special letter instructions (snail mail, e-mail, online)
			PhD MS PsyD W EdD MFT EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	

Your name: _____

Section 3 – Please type						
Institution Name and Full Mailing Address for Your Letter (even if letter is to be emailed)	Program or Work Contact Person(s) with Their Title	Exact Name of Program or Job Position	Degree, if applicable (Circle)	Application Deadline	Additional Forms required? (Circle)	Special letter instructions (snail mail, e-mail, online)
			PhD MS PsyD W EdD MFT EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	

Your name: _____

Section 3 – Please type						
Institution Name and Full Mailing Address for Your Letter (even if letter is to be emailed)	Program or Work Contact Person(s) with Their Title	Exact Name of Program or Job Position	Degree, if applicable (Circle)	Application Deadline	Additional Forms required? (Circle)	Letter instructions (snail mail, e-mail, online)
			PhD MS W PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	
			PhD MSW PsyD MFT EdD EdS MS JD MA MD MEd. MDiv Other: _____		Yes No	

Your name: _____