**Letter of Recommendation Form**

**Major Form**

**r 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 the department secretary, Ms. Deal (1-03 Arts & Sciences). Note: Speak with your individual letter writers about envelope and stamp needs.* | | | | | |
| **Section 1 – Please type** | | | | | |
| **Name:** | | | | | |
| **Permanent phone number:** | **Todays Date:** | | **Expected Graduation Date:** | | |
| **GC Email:** | | | | | |
| **Personal Email:** | | | | | |
| **Faculty Advisor:** | | | | | |
| **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. * Allmy 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 | | | | | |

| **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  PsyD  EdD  MS  MA  MEd. | | MSW  MFT  EdS  JD  MD  MDiv |  | **Yes**  **No** |  |
| Other: \_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |

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| Other: \_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |

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| Other: \_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |
|  |  |  | PhD  PsyD  EdD  MS  MA  MEd. | MSW  MFT  EdS  JD  MD  MDiv | |  | **Yes**  **No** |  |
| Other:\_\_\_\_\_\_ | | |