**Letter of Recommendation Form**

**Major Form**

**r Form**

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| *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)** |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other: \_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |

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| Other: \_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |

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| Other: \_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |
|  |  |  | PhDPsyDEdDMSMAMEd. | MSWMFTEdSJDMDMDiv |  | **Yes****No** |  |
| Other:\_\_\_\_\_\_ |