MODESTO JUNIOR COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

REQUEST FOR LETTER OF RECOMMENDATION

Student name:		Date:	
~	Print Full Name		
Current semester/course:		_ Contact number:	
ADN graduation date:		_ Email address:	
	needed for (check one or more of the	following boxes):	
□ Scholarship/Grant			
	Name of scholarship or grant:		
	Letter of reference or recommendation for a job or position:		
	Specify position:		
	Specify facility/organization:		
	General/multi-purpose letter:		
-	Reason(s) for letter:		
	Letter of reference/recommendation for resumé.		
	Letter of reference/support required by BRN		
	 Other:		
	Lettermead of address of letter recipi	ent.	
Supply th	ne following:		
	Number of letters needed:		
	Date letter is needed:	(Give at least 3 weeks notice)	
	□ Letter or form to be in sealed envelope with/without (circle one) author's		
_	signature written across envelope flap		
	□ Letter may be viewable by student		
L	Include any information, resumé, extracurricular activities, employment		
	history, and academic or service achievements that may assist in letter		
	composition:		
	Note of appreciation to author of lett	er after its completion	
Faculty u			
	Student may get letter from/how:	by	
Rev.6/12:A	DN/Policies&Procedures:cs		