

Letters of Recommendation Form

Instructions

Please complete all necessary information and then print out this form and give it to each faculty member whom you have asked to write letters for you. Please be aware that writing letters takes time, and this activity must be intercalated into an exceedingly demanding schedule of other duties. Therefore, please provide **ample lead time** (three weeks if possible) before the deadlines.

Full Name:

Date:

Campus Address and Phone:

Permanent Home Address and Phone:

Use of Letters: (check appropriate uses)

Waive right to access

Retain right to access

Graduate School

Health Professions

Internship

Employment

Study Abroad

Other: (write in uses here) _____

References: (list all of the people whom you have asked to write a letter of recommendation)

Academic Background:

Major:

Minor:

Overall GPA: _____

GPA for Major: _____

Academic Advisor:

List of Biology / Biochemistry / Neuroscience / Global Health Studies Courses Completed:

Course Name

Term / Year

Grade

Courses Taken from the Person Writing This Recommendation:

Course Name

Term / Year

Grade

Senior Project: (if applicable)

Senior Project Advisor:

Senior Project Title:

Summer Research Internships: (indicate when and where the internship was conducted and the title of your research project)

Previous Employment: (list all summer, full time, and college employment since graduation from high school. Also include any work-study positions that you held during the school year)

Position

Year

Responsibilities

Honors and Awards:

Membership in Organizations: (include honorary societies)

Extracurricular Activities:

Other information: (include additional information about yourself that you think might be helpful to the person writing you a letter)

Program Names, Due Dates, and Mode of Contact: Please provide the specific name of each program/school to which you are applying. For graduate programs, please be sure that you clearly indicate not only the name of the school but also the specific department (and, where more than one option exists, the degree program in question). In addition, include the Due Date for each recommendation and also indicate whether the recommendation needs to be submitted via postal mail or will be accomplished via electronic means (submitted directly via e-mail or via a recommendation system to which I will receive a link via e-mail). If a letter needs to go via "snail mail," please provide the complete postal address. If it should be sent by e-mail, provide the appropriate e-mail address.

Program Names

Due Date

Mode of Contact