MODESTO JUNIOR COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

REQUEST FOR LETTER OF RECOMMENDATION

Student name: _____ Date: _____
Print Full Name
Current semester/course: _____ Contact number: _____

Letter is 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 B.R.N.
- ❑ Other: _____
- ❑ Letterhead or address of letter recipient:
  _____
  _____
  _____

Supply the 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
- ❑ 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 letter after its completion

---

Faculty use only:

- ❑ Student may get letter from/how: _____ by _____