GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
REQUEST FOR LETTER OF RECOMMENDATION

To: _____ Date: _____/_____/_____
Instructor

From: _____ _____
Printed Name Signature

Contact Number: _____ E-mail: _____

List courses (semester/year/program) in which the above named instructor supervised your performance:

Semester/Year: _____ Course/Lecture/Seminar/Clinical (circle): _____

Date the letter is needed: _____ / _____ / 20__
(Note: Please allow at least 14 working days turnaround time for processing).

Purpose of the letter:
- ❒ Scholarship
- ❒ RN New Graduate
- ❒ Student Nurse Worker Position
- ❒ Other (please specify): _____

1. Did you ask this instructor via e-mail or in person for a letter of recommendation? Yes ☐ No ☐

2. Select how you will receive this letter:
   - ❒ Mail (Provide addressed and stamped business-sized envelope.)
   - ❒ Hold for pickup in Division Office at the Reception Desk
   - ❒ Hold for pickup in NRL semester mailbox (Indicate semester: _____)

A résumé must be attached to this request form. Failure to submit adequate information will result in a delay or unapproved request.

3. To whom will this letter be addressed to:
   - ❒ To Whom It May Concern
   - ❒ Specific information (Please include the contact information needed such as facility name, contact person, address, phone number, e-mail address)

     _____

     _____

     _____

4. Copies needed: _____ (Maximum: 5)

5. What personal characteristics specific to the RN Program would you like to be emphasized in the letter?
   (Note: The instructor reserves the right to use or not use these suggestions.)

     _____

     _____

     _____

Signature of Instructor: _____ Date: _____/_____/_____

- ❒ Request approved/complete (place this sheet in student file)
- ❒ Unable to accommodate request (return this sheet to the student and explain): _____

10/4/2011