## Please complete and return to: CAREER SERVICES EASTERN ILLINOIS UNIVERSITY

600 Lincoln Ave., Charleston, IL 61920 Ph: (217) 581-2412

Candidate's Name					
	(Last)	(First)	(Middle)	(Maiden Name, If Applicable)	(ID Number)
envelope which	ch is addressed to Car	eer Services to all off-	campus authors o	As a courtesy you should supp of recommendations. This letter of Eastern Illinois University.	
Note to Autho	r of Recommendation	This form is to be pro	epared using a co	omputer. (You also have the opt	ion of attaching a signed
scholarship, n	atural ability, sense o	f responsibility, ability	y to express thoug	statement about the candidate of ghts clearly, judgement, interper erences MUST have your signat	sonal skills, etc. Please
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Evaluation By: Prof	tessor	Employer	Other	Date	
Signature of Author				Print/Type Name	
Title		School or	Firm		
<b>Professional Address</b>					
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