

Career Development Office 5700 College Road Lisle, IL 60532 630.829.6040

Letter of Recommendation Form

Student Section: To be completed by student requesting recommendation			
I,	, a Benedictine University student, is requesting a recommendation.		
PLEASE CHECK below the extent of your relationship with the person completing the recommendation Major Professor Academic Advisor Site Supervisor Co-op Teacher Other (Specify) PLEASE INDICATE YOUR CHOICE BELOW. In accordance with the 1974 Family Educational Rights & Privacy Act, Waive or Retain my right to see this letter. (Please check one)			
		Telegraphic of the section of the se	
		Signature:	Date:
		Section to be completed by Individual Writing the Recommendation	
<u>PLEASE TYPE</u> a letter of recommendation on letterhead for the candidate & attach to this form or you may also type in the area below.			
Please sign and return to the office of Career Development			
Signature	_ Date:		
Name:			
Position			
Department			
Employer	_		
Address	_		
Phone Number			