

RETURN TO:

University of California, Irvine Center for Educational Partnerships IRVINE, CA 92697·1024

PLEASE READ THOROUGHLY BEFORE FILLING OUT ALL ATTACHED FORMS

Letter of Recommendation Request Form

Please Print Using Black or Dark Blue Ink only.
Form will not be accepted if attatched worksheets are not filled out completely.
Please allow at least 2 weeks for processing your letter.

Personal Information	LAST NAME STUDENT ID							
inioi matioil								
	FIRST INITIAL EMAIL							
U	HOME PHONE CELL PHONE YEAR (SELECT ONE) FRESHMAN							
	SOPHOMORE							
	MAJOR EXPECTED DATE OF GRADUATION JUNIOR							
	SENIOR							
Address	STREET NUMBER STREET NAME							
A I								
	APT NO.							
	CITY STATE ZIP CODE							
	the discipline of study you are interested in. FACULTY NAME DEPARTMENT							
Guidelines	With applications to different summer internship programs, it is very important that you follow the letter of recommendation guidelines as outlined below:							
	Letter of Recommendation (LOR) to summer programs, scholarships, graduate, medical schools: Allow at least 2 weeks to process. Failure to fill out form will jeopardize your letter being ready on time. You will not be called to obtain pertinent information in which you should have included in your request.							
	Include a resume, unofficial transcript, and a statement of purpose. Make sure to descibe or discuss: research, awards, volunteer/work experince, or anything that is pertinent to the program(s) to which you are applying. If you have conducted research, either attach an abstract or list the research title and faculty.							
	For those of you who conducted research, include a copy of your abstract with the Recommendation Form, to better understand what your research entailed. Please list names and locations where you presented that research.							
	For incoming freshmen that don't have an established GPA, please list all pertinent high school activities and scholarships denoting leadership.							
	For those of you applying to multiple schools and summer programs, it is important that you provide a chart listing what schools/programs you are applying to, complete address, contact person, program you are applying to, deadline, and whether the letter needs to be picked up by you at our office, sent electronically or online submittal.							
	For those of you applying to medical schools, the form from the Biological Sciences Undergraduate Affairs Office, must be signed, and completely filled out. You must type the name and position of the person providing your letter of recommendation. Just leave the signature part blank.							
	For all LOR, whether they are to this office or one of your professors, take the time to send a written "Thank You" card. Who knows, maybe that person would be willing to write another letter for you someday. LOR are an enhancement we provide through this office. They are not part of our job description.							
	SIGNATURE DATE							

List for Letters of Recommendation

	Name of Program and full address	To Whom Letter should be addressed	Program type (Scholarship, Job position, Masters, Ph.D.)	Application Deadline	Pick-Up or email/online
	University of California, Irvine (SAMPLE) Information and Computer Science Attn: Graduate Student Affairs, 444 Computer Science Irvine, CA 92697-3425	Joe Smith	Masters	1/15/09	Pick-Up
1					
2					
3					
4					
5					
6					
7					
8					

School	Program	Date Transcripts Requested	Letter of Rec Deadline	Date Completed Application Sent	Notification of Application Received	Date of Interview	Reply Date
Recommendation Letter (Name/Number/Email/Address)							
Recommendation Letter (Name/Number/Email/Address) Recommendation Letter (Name/Number/Email/Address)							
Contacts (Name/Number/Department)							