



Request for Letter of Recommendation

Student Name _____ ID# _____ Date _____

Student Contact Number (must be valid): _____

Alternate Contact Number (must be valid): _____

Student Email Address (must be valid): _____ @ _____

I am requesting a letter of recommendation for _____ program of study with _____ Institution/University.

Due Date for Letter of Recommendation: _____

- I would like to meet with a TRiO/SSS advisor regarding recommendation letter
- I have attached a copy of the application requirements.
- I would like to pick up the letter of recommendation.
- Please mail the recommendation to:

ATTN: _____

Have you been accepted to the Institution Mentioned above? Yes No (If yes, attach an acceptance letter to this form.)

Name of DCCCD Degree Plan on File: _____ Academic Major: _____

GPA: _____ Have you applied for Graduation? Yes No Graduation Date: _____

Educational Goals: _____

Career Goals: _____

Reason for Pursuing Educational/Career Goals: _____

Personal Data (e.g. single parent, low income, first generation, etc.): _____

Honors, Recognitions, Scholarships, etc.: _____

Involvement in extracurricular activities (e.g. volunteer and work experience, clubs, organizations memberships, etc.): _____
