

Georgia Southern University School of Nursing
Request for a Letter of Recommendation
(allow at least 5 working days for faculty to respond to this request)

A letter of recommendation is requested from: Professor _____ Date: _____

By the following student: Full Name: _____

Address: _____

Student Phone Number _____ Student Email: _____

Please note that employment agencies usually want recommendations from clinical instructors :

Courses (Include semester and year) attended under professor's instruction:

Course _____ Semester _____ Year _____

Course _____ Semester _____ Year _____

Purpose of letter of recommendation: Scholarship _____ Employment as nurse tech _____

Employment upon graduation as staff nurse _____ Graduate School _____

Other: _____

Information you would like included in the letter regarding other degrees, previous employment, special skills, experience, and academic ability.

Please mail and/or fax letter to the following address(es) by *(date)* _____

Include the name, position, institution, and address of person to whom letter is to be addressed:

Address letter "To Whom It May Concern or _____ and send to the above address:

Authorization for release of information

Student signature: _____