

All form fields are required. The form will not be processed if any of the fields are incomplete. Write N/A if not applicable.

INFORMATION ON RECORD

UID			
FIRST NAME		LAST NAME	
EMAIL		PHONE	
PROGRAM		CURRENT SITE	
<input type="checkbox"/>	TRANSFERS ONLY: Please indicate whether you have transferred from another site.	ORIGINAL SITE	

REASON AND DEADLINE FOR RECOMMENDATION

REASON		LETTER DEADLINE (MM/DD/YY)	
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PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- Resume/CV
- Signed waiver, if applicable
- Stamped and addressed envelopes, if applicable
- Hours Audit

- Brief description of program experience

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, the Scholar, agree to submit and comply with the *Letter of Recommendation (LOR) Form*. I have completed at least 240 hours and demonstrated commitment to the quality and standards of the program. **I understand that my letter of recommendation may take up to two (2) months for processing after receiving all requested documents, and will only be released to my intended parties once I have completed 280 hours.** I understand that my letter of recommendation will reflect my overall performance within the program.

<div style="background-color: #e0e0e0; padding: 5px;">SCHOLAR SIGNATURE</div>	<hr style="border: 0; border-top: 1px solid black;"/> PRINT NAME	<hr style="border: 0; border-top: 1px solid black;"/> SIGNATURE	<hr style="border: 0; border-top: 1px solid black;"/> DATE
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