

**Letter of Recommendation  
Request Form**

**Please Print**

Student: \_\_\_\_\_ Date required: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Co-op**                       **Employment**                       **Internship**

Position: \_\_\_\_\_

Address the letter to the attention of: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Graduate School**       **Study Abroad**      Degree Program: \_\_\_\_\_

Address the letter to the attention of: \_\_\_\_\_

University: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

- Please complete the attached form
- Mail letter directly to recipient
- Send to Holly James
- I will pick up; e-mail me at: \_\_\_\_\_
- Please seal and sign back of envelope

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**GEORGETOWN COLLEGE GRAVES CENTER FOR CALLING AND CAREER  
400 East College Street, Georgetown, KY 40324-1696 502-863-7094 Fax 502-868-7750**

