

**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**

