

RECOMMENDATION LETTER REQUEST FORM

PLEASE READ CAREFULLY AND THEN COMPLETE THE BLANKS

NOTE: TEN (10) DAYS NOTICE MUST BE GIVEN FOR EACH REQUEST. THE COST OF EACH LETTER IS \$50.00. IF LESS THAN TEN DAYS NOTICE IS GIVEN (i.e. 2-3 days) THE COST WILL BE JA\$100.00. THE COLLEGE DOES NOT ISSUE OPEN LETTERS. LETTERS NOT COLLECTED WITHIN 3 WEEKS AFTER REQUEST MAY BE INVALID. A NEW ONE MUST THEREFORE BE REQUESTED.

NAME OF STUDENT: _____ ID# _____

COURSE: _____ YEARS ATTENDED: _____

DATE OF REQUEST: _____ DATE NEEDED: _____

NAME OF PERSON AND/OR COMPANY TO WHICH LETTER IS TO
BE SENT

NAME: _____

ADDRESS: _____

POSITION REQUIRED: _____

(i.e. Type of position applied for)

FOR OFFICE USE ONLY

DATE RECEIVED: _____ (PLEASE INITIAL)

DATE COMPLETED: _____ (PLEASE INITIAL)

METHOD OF DESPATCH: _____

AMOUNT PAID: _____ CAMPUS: _____