

UNIVERSITY of
NORTHERN COLORADO



DIETETICS PROGRAM

REQUEST FOR A LETTER OF RECOMMENDATION

Completion of this form will assist the faculty in knowing you better and in writing a precise evaluation that reflects your strengths and interests. Make additional comments and include attachments as you feel appropriate.

INSTRUCTIONS:

- 1) **This form must be filled out completely prior to scheduling an appointment with faculty to present the request.**
- 2) **Attach a copy of a recent degree evaluation from URSA.**
- 3) **Signed waiver forms must accompany this request form if applying for dietetic internships. One form is needed per application.**
- 4) **Include any program specific forms.**

Date of Request _____ Bear # _____

Name _____

Local Address _____

Local Telephone _____ E-Mail Address _____

How many letters of reference are you requesting? _____

When do you need the letters? _____

Letters are to be:

_____ picked up personally

_____ mailed to student

_____ DICAS

Are the letters to be “*confidential*”? _____

Letters are to be addressed to: (name, title, address) **Please indicate which programs are using the DICAS (centralized application) process with highlighting. It will be assumed that non-highlighted programs are using a paper application and your reference letter will be provided to you in a sealed envelope to include with your application packet. Attach any form, additional information to be completed, selection criteria, etc.**

1. _____	3. _____
_____	_____
_____	_____
_____	_____
2. _____	4. _____
_____	_____
_____	_____
_____	_____

SUMMARY SHEETS
for Letters of Recommendation

Current GPA _____
 Major(s) _____
 Minor(s) _____
 School where degree conferred and date _____
 Expected date of graduation or program completion _____

When did you enter UNC? _____
 Other colleges/universities that you have attended _____

In what semester did you take courses from:

Dr. Clark: Course Semester Grade _____ _____ _____ _____ _____ _____	Dr. Cline: Course Semester Grade _____ _____ _____ _____ _____ _____	Dr. Erskine: Course Semester Grade _____ _____ _____ _____ _____ _____
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Judy Stauter Course Semester Grade _____ _____ _____ _____ _____ _____	Other UNC Dietetics Faculty Course Semester Grade _____ _____ _____ _____ _____ _____
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Identify any projects, papers, activities, research, etc. associated with the classes listed above that you feel reflect/demonstrate your best efforts. Be sure to indicate title of project and/or topic. *Be specific!*

Course	Project Title and Highlights	Project

WORK EXPERIENCE (paid):

Date	Position Title	Name of Company	Job Responsibilities	Hours/week

VOLUNTEER EXPERIENCE:

Organization	Responsibilities/Opportunities Provided	Date/Time

EXTRACURRICULAR ACTIVITIES:

Activity	Comments Regarding Participation	Dates

PROFESSIONAL MEETINGS/SEMINARS ATTENDED (relevant to Dietetics):

Meeting/Seminar	Topic	Date

LEADERSHIP ACTIVITIES (offices held, committee work, event organization):

Activity	Comments Regarding Participation	Date

ARE YOU A MEMBER OF:

ADA _____ CDA _____ NCDA/DDA _____ SDA _____

Other professional/campus organizations _____

WHAT DO YOU CONSIDER TO BE YOUR STRENGTHS:

WHAT QUALITIES DO YOU HAVE WHICH YOU THINK REQUIRE FURTHER DEVELOPMENT:

WHAT ARE YOUR FUTURE PLANS/GOALS: (where do you see yourself one, two, five years from now?)

-- ADD PAGES AS NECESSARY --