

LETTER OF RECOMMENDATION REQUEST

please complete one form for each letter requested and clip materials together with this form

NAME: _____ DATE DUE: _____

SCHOOL: _____

Check List

_____ Recommendation Sheet (if provided) is attached and has **all** info. completed

_____ Stamped and addressed envelope (1 stamp for all faculty except Dr. Weaver's envelope which will require 2 stamps)

_____ Appropriate University address provided even if you want the letter returned to you

GPA: _____ overall _____ major _____ last 60 hours

Classes (and grades) with this professor:

Clients with this supervisor:

Check all that apply and give dates and offices held:

_____ National Student Speech-Language-Hearing Association member

_____ Student Speech & Hearing Association member (Harding only)

_____ Arkansas Speech-Language-Hearing Association member

_____ attended ArkSHA Conventions

_____ attended ASHA Conventions

Other Applicable Activities:

Honors (Who's Who, Alpha Chi, etc.)

Employment Experiences:

Language Background (Spanish, ASL, etc)