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)