



College of Nursing & Health Sciences

Request for Letter of Recommendation

Current Date:

Professor:

A letter of recommendation is requested from:

By the following student:

Full Name:

Panther ID:

Student FIU Email:

Address:

City, State, Zip:

Student Phone Number:

Courses (include semester and year) attended under professor's instruction:

Course: Semester: Year:

Course: Semester: Year:

Purpose of letter of recommendation:

Scholarship Employment as patient care assistant

Employment upon graduation as a staff nurse Graduate School

Other:

Information you would like to include in the letter regarding other degrees, previous employment, special skills, experience and academic ability.

Include:

Name, position, institution, and address of person to whom letter is to be addressed:

Full Name:

Title:

Address:

City, State, Zip:

Institution:

Phone Number:

Fax Number:

Address letter "To Whom It May Concern " **or to:**

Please mail to and send to the above address and/or fax letters to the following address(es)
by (date):

Note: A minimum of two weeks is required for completion of recommendation.

Recommendations regarding clinical skills/performance can be completed by a faculty member should a student or agency request it. If an agency requests a recommendation, that agency must send a release of information form signed by the graduate with the recommendation form. Degree verifications are done through the University Registrar's Office. The employing agency must send a written request for degree verification, and it must be accompanied by a written release of information signed by the graduate. The School of Nursing cannot do degree verifications.

Please print and mail to:

[Professor name]
College of Nursing & Health
Sciences, MMC,
11200 S.W. 8th Street, AHC-3
Room 330, Miami, FL 33199