

**DEPARTMENT OF COMPUTER SCIENCE
STUDENT REQUEST FOR LETTER OF RECOMMENDATION**

- Completed form is to be submitted to the Dept Secretary (MCT 264)**
- The Department requires a minimum of three (3) business days to prepare letter
Additional time may be required to obtain appropriate faculty signature**
- The Dept Secretary will send an e-mail when letter is ready for pick-up**
- Forms are available on the department's web page and in the department office**

LAST NAME _____ FIRST NAME _____

STUDENT ID _____ E-MAIL ADDRESS _____

ADDRESS LETTER TO: _____

PURPOSE OF LETTER _____

LETTER TO BE SIGNED BY: _____

I was a student in the following classes you taught:

<i>NAME OF CLASS</i>	<i>SEMESTER TAKEN</i>	<i>GRADE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Request Received _____

Date Letter Completed _____

Date E-Mail Sent to Student _____

Date Letter Mailed _____