Request for Individual Letter of Recommendation

Instructions:

Applicants: Fill out this form, sign, and provide to evaluators.
Evaluators: If you can provide a signed, pdf version of the letter on letterhead, return this form with your completed letter of evaluation by July 1 to Julie Barnes at jbarnes@cornellcollege.edu Alternatively, you may mail the letter to:

Julie Barnes
Box 2218
Cornell College
600 First Street SW
Mount Vernon, IA 52314

Date of Request: ________________________________

Applicant’s Name: ________________________________

Year of Cornell Graduation: __________________________

Major(s): ________________________________

Minor(s): ________________________________

Evaluator’s Name and Address: ________________________________

Applicant is applying to:

_____ Medical School (allopathic or osteopathic)

_____ Dental School

_____ Veterinary School

_____ Other (specify) ________________________________

Check One:

_____ I waive my right to read or review this letter of recommendation.

_____ I do not waive my right to read or review this letter of recommendation