

UNIVERSITY of  
NORTHERN COLORADO



**DIETETICS PROGRAM**

***REQUEST FOR A LETTER OF RECOMMENDATION***

Completion of this form will assist the faculty in knowing you better and in writing a precise evaluation that reflects your strengths and interests. Make additional comments and include attachments as you feel appropriate.

***INSTRUCTIONS:***

- 1) **This form must be filled out completely prior to scheduling an appointment with faculty to present the request.**
- 2) **Attach a recent degree evaluation from DegreeWorks.**
- 3) **Signed waiver forms must accompany this request form if applying for dietetic internships that are not through DICAS. One form is needed per application.**
- 4) **Include any program specific forms.**

Date of Request \_\_\_\_\_ Bear # \_\_\_\_\_

Name \_\_\_\_\_

Local Address \_\_\_\_\_

Local Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How many letters of reference are you requesting? \_\_\_\_\_

When do you need the letters? \_\_\_\_\_

Letters are to be:

\_\_\_\_\_ picked up personally

\_\_\_\_\_ mailed to student

\_\_\_\_\_ DICAS

Are the letters to be “*confidential*”? \_\_\_\_\_

Letters are to be addressed to: (name, title, address) **Please indicate which programs are using the DICAS (centralized application) process with highlighting. It will be assumed that non-highlighted programs are using a paper application and your reference letter will be provided to you in a sealed envelope to include with your application packet. Attach any form, additional information to be completed, selection criteria, etc.**

1	2
3	4

**SUMMARY SHEETS**  
for Letters of Recommendation

Current GPA \_\_\_\_\_  
 Major(s) \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 School where degree conferred and date \_\_\_\_\_  
 Expected date of graduation or program completion \_\_\_\_\_

When did you enter UNC? \_\_\_\_\_  
 Other colleges/universities that you have attended: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In what semester did you take courses from:

Dr. Clark:			Dr. Kage:			Dr. Gerweck:		
Course	Semester	Grade	Course	Semester	Grade	Course	Semester	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Dr. Gould			Judy Stauter			Other UNC Dietetics Faculty		
Course	Semester	Grade	Course	Semester	Grade	Course	Semester	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Identify any projects, papers, activities, research, etc. associated with the classes listed above that you feel reflect/demonstrate your best efforts. Be sure to indicate title of project and/or topic. *Be specific!*

Course	Project Title and Highlights	Project

***WORK EXPERIENCE (paid):***

Date	Position Title	Name of Company	Job Responsibilities	Hours/week

***VOLUNTEER EXPERIENCE:***

Organization	Responsibilities/Opportunities Provided	Date/Time

***EXTRACURRICULAR ACTIVITIES:***

Activity	Comments Regarding Participation	Dates

***PROFESSIONAL MEETINGS/SEMINARS ATTENDED (relevant to Dietetics):***

Meeting/Seminar	Topic	Date

***LEADERSHIP ACTIVITIES (offices held, committee work, event organization):***

Activity	Comments Regarding Participation	Date

***ARE YOU A MEMBER OF:***

The Academy \_\_\_\_\_ CAND \_\_\_\_\_ NCDA/DDA \_\_\_\_\_ SNDA \_\_\_\_\_  
Other professional/campus organizations \_\_\_\_\_

***WHAT DO YOU CONSIDER TO BE YOUR STRENGTHS:***

***WHAT QUALITIES DO YOU HAVE WHICH YOU THINK REQUIRE FURTHER DEVELOPMENT:***

***WHAT ARE YOUR FUTURE PLANS/GOALS: (where do you see yourself one, two, five years from now?)***

***-- ADD PAGES AS NECESSARY --***