



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 sending it to faculty with your request.**
- 2) **Attach a copy of a recent degree evaluation from Degree Works.**
- 3) **Include any program specific forms.**

Date of Request _____ Bear # _____
 Name _____
 Address _____
 Telephone _____ E-Mail Address _____

When do you need the letters? _____
 Letters will be submitted to DICAS unless otherwise specified below.

All letters are assumed to be confidential.

List the programs to which you are applying. Indicate any program that is not participating in DICAS by highlighting the listing. Include the Program Director name and credentials, program name, and full address for programs not participating in DICAS. Your letter will be mailed to you at your postal address indicated above if not submitted to DICAS.

- | | |
|--|--|
| 1. _____ _____ _____ _____ _____ | 4. _____ _____ _____ _____ _____ |
| 2. _____ _____ _____ _____ _____ | 5. _____ _____ _____ _____ _____ |
| 3. _____ _____ _____ _____ _____ | 6. _____ _____ _____ _____ _____ |

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. Alena Clark: | Dr. Coni Francis: | Dr. Catherine Gerweck: |
|-----------------------|-----------------------|------------------------|
| Course Semester Grade | Course Semester Grade | Course Semester Grade |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Dr. Katie Kage | Instructor Michelle McDermott: | Other UNC Dietetic 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.

| 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:

ADA _____ CDA _____ NCDA/DDA _____ SDA _____
Other professional 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 AND WHY YOU SELECTED THE PROGRAMS YOU ARE APPLYING TO: (where do you see yourself one, two, five years from now?)

-- ADD PAGES AS NECESSARY --