

REQUEST FOR A LETTER OF RECOMMENDATION

Completion of this form will assist the recommender 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.

1. This form must be completely filled out prior to scheduling an appointment to present the request. Please save the form to your computer. Then open the saved form to enter data.
2. Attach a recent degree evaluation report from Degree Works.
3. Signed waiver forms must accompany this request form if you are applying for dietetic internships that are not through DICAS. One form is needed per application.
4. Attach any program specific forms, additional information to be completed, selection criteria, etc.

Date of Request: _____ Bear #: _____

Name: _____

Local Address: _____

Local Telephone: _____ E-Mail Address: _____

I am requesting letters for the following internship programs, graduate programs, or employers:

	Name & Address of Program/University/Employer (please include name and title of contact person/director)	Please select one		Is the letter to be "Confidential" (Y/N)	Date needed:
		Upload to DICAS	Upload to Graduate School Online Reference Platform		
1)					
2)					
3)					
4)					
5)					

Academic Summary:

Cumulative GPA: _____

Major(s): Dietetics Nutrition Other: _____

Minor(s): _____

Expected date of graduation or program completion: _____

Are you a transfer student: Yes No

Do you have a degree from another school? Yes No

If yes – list school, major and date degree was conferred:

Please complete this section for all FND courses taken at UNC:

Course	Semester & Year	Name of Instructor (s)	Grade
FND 210			
FND 245 / FND 250			
FND 252			
FND 310 / FND 310L			
FND 320 / FND 320L			
FND 370			
FND 410			
FND 420 / FND 520			
FND 430 / FND 430L			
FND 431 / FND 431L			
FND 446 / FND 446L			
FND 451			
FND 452			
FND 455 / FND 555			
Electives / Other:			

Identify up to three 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

Work experience for which you were paid: (include additional entries in attached resume)

Dates	Position Title	Name of Company	Job Responsibilities	Hours/week

Volunteer Experience: (include additional entries in attached resume)

Dates	Organization	Responsibilities/Opportunities Provided	Time

Extracurricular Activities: (include additional entries in attached resume)

Dates	Activity	Comments Regarding Participation	Dates

Professional Meetings/Seminars Attended – Relevant to Dietetics: (include additional entries in attached resume)

Date	Meeting/Seminar	Topic

Leadership Activities – Offices Held, Committee Work, Event Organization: (include additional entries in attached resume)

Date	Activity	Comments Regarding Participation

Memberships:

- Academy of Nutrition and Dietetics
- Colorado Academy of Nutrition and Dietetics
- State Academy of Nutrition and Dietetics from a state other than Colorado
- Northern Colorado Dietetic Association
- Denver Dietetic Association
- Regional Dietetic Association from a state other than Colorado
- Student Nutrition and Dietetics Association
- Other professional or 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?)