



Request for Recommendations

Student Name _____

I.D. Number _____ Phone _____

Course _____ Semester and Year _____

Must submit request to WH 320 within two weeks of the end of the course.

Clinical Faculty Instructor _____

Contact the faculty directly prior to completion of the request form. Requests for letters of recommendation will be fulfilled at the discretion of the nursing faculty. Allow at least four weeks for arrival. If the letter does not arrive, contact the instructor directly. In the event that a student needs a letter for prospective employment, but is unable to obtain one from previous faculty, the student may request a letter from the dean's office indicating that the student met the objectives of the NUR course.

In accordance with the Family Educational Rights and Privacy Act, I authorize Oakland Community College to release or disclose a recommendation on my behalf, written to the attention of:

(check all that apply):

Institution _____

Contact Person _____

Address _____

City/State/Zip _____

No specific institution (general letter of recommendation)

Indicate number of original letters requested (maximum of five): _____

I will pick up the letters

Please send a copy to my OCC email

Please send the copies to my home address:

Address _____

City/State/Zip _____

Phone recommendation

Student Signature _____

Date _____

Office Use Only: