***THIS FORM IS FOR THE USE OF ROANOKE COLLEGE STUDENTS OR GRADUATES WISHING TO ASK EMPLOYEES OF THE COLLEGE FOR ANY RECOMMENDATION – JOB, GRADUATE SCHOOL, OR OTHER - INCLUDING EITHER ORAL OR WRITTEN RECOMMENDATIONS TO BE MADE. ONE form is needed for each College employee being requested to provide a recommendation.  (If multiple recommendations are to be made for the Requestor by one College employee, then only one form for the Requestor is needed.)***

***The REQUESTOR of the recommendation should please print, complete, and provide this form to the person making the recommendation.  The RECOMMENDER should make a copy for their own files and send the original form to Career Services in the Fowler House for permanent filing.***

Requestor of Recommendation:  Please print this form out sign and date it and deliver it by hand or mail to the person from whom you are requesting a recommendation.

Provider of Recommendation:  Please return this signed form to the Office of Career Services.

Student/Graduate's Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provide a recommendation for my application for employment or graduate school. I give permission to this individual to provide any information he or she deems relevant regarding my application.

Student/Graduate Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Anticipated (or Actual) Graduation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_

Recommender's signature/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_