



**Letter of Recommendation
Request Form**

Date Request Submitted _____

Last Name, First Name _____ Graduation Month/Year _____

UMass SPIRE ID# (or Social Security #) _____

Declared Primary Major _____ Declared Secondary Major _____

Local Address _____

Permanent Address _____

Local Phone (_____) _____ Permanent Phone (_____) _____

Email Address _____ Cell Phone (_____) _____

Purpose of Letter _____ (Graduate School, Employment, Internship, other)

Mail letters to (institution & address):

By these deadlines:

1. _____

2. _____

3. _____

4. _____

5. _____

Biographical Information

Last Name, First Name _____ Graduation Month/Year _____

Commonwealth College track (check one): Honors Departmental Honors Interdisciplinary Honors

CE: Thesis, Project, or Capstone Course Title _____

Committee Chair or Course Instructor _____ Dept: _____

Minor or Certificate _____

University Awards, Prizes, or Recognition (including honors societies): _____

Community Service Activities: _____

University Organizations and Activities: _____

Social and/or Religious Organizations: _____

Hobbies and Non-Academic Interests: _____

Employment History (in lieu of a resume): _____

Post-Graduate Plans: _____

Student Signature _____

Date _____

Optional: please initial to authorize use of this information in a press release: _____