

OSU REQUEST FOR RECOMMENDATIONS FORM

Submit request with required materials between December 15th-January 22nd

Recommendation Packet Check List: (click on box to mark as included)

- | | |
|--|---|
| <input type="checkbox"/> Complete and submit a copy of this form to each person providing a recommendation | <input type="checkbox"/> Include a current copy of your unofficial transcripts |
| <input type="checkbox"/> Include a current resume | <input type="checkbox"/> If using a standard DI application (not DICAS) include a filled in and signed |
| <input type="checkbox"/> Include a draft of your Dietetic Internship application letter | recommendation waiver found on blackboard. |

Applicants Name		Applicant Email	
Applicants Phone Number			

Requesting reference from:	
Date you submitted request for recommendation packet (between Dec. 15 th and Jan.22 nd)	
Date recommendation is needed (please allow 2-3 weeks)	

Recommendations are needed for the following programs. Make sure information is accurate.

				Recommendation Formats: choose one		
	Program Information: Program name, state, DI Director (including credentials), Grad school contact, employer, other	Program Emphasis (if known)	Recommendation is for: Dietetic internship/ employment/ grad school or other? (list one)	DICAS	Standard DI Application Recommendation	Other format? Please provide instructions
1						
2						
3						
4						
5						
6						
7						

Personal traits, characteristics, strengths that I would like you to mention in your recommendation	
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Non-DICAS recommendations can be picked up in the faculty members office or the main NES office in Milam hall