



**GALEN**  
UNIVERSITY

Office of  
the Registrar

Student Recommendation  
Letter Request

*Kindly Fill in Properly*

<b>Faculty Name (person the letter is requested from)</b>		
<b>Student Name</b>	<b>Student ID</b>	<b>Major (and Minor, if applicable)</b>
<b>Graduation Date, if applicable (month &amp; year)</b>		<b>Expected Graduation Date, if applicable (month &amp; year)</b>

<b>Purpose for Request</b>

<b>Information Needed on Letter (kindly specify as best as possible)</b>

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Faculty Signature** \_\_\_\_\_

**Date Received** \_\_\_\_\_