

RECOMMENDATION LETTER FORM

Please fill out this form before you come to see me.

Date_____

1. Name_____

2. Student number_____

3. The **semester and year** when you took the class_____

4. Reason for the recommendation_____

5. Date when you need it_____

6. Phone number to call when the letter is ready_____

7. Email address_____

8. Attachments:

A. Copy of the statement

B. Copy of your CV

C. Copy of your student identification picture (or any other picture) so I know who you are.

With this information you take an appointment with me to come and meet with me and tell me something about yourself so I have something I can add to the recommendation letter

Dr. Mridula Satyamurti
Chemistry Department
University of Massachusetts
Boston