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