Georgia Southern University School of Nursing
Request for a Letter of Recommendation
(allow at least 5 working days for faculty to respond to this request)

A letter of recommendation is requested from: Professor _______________________ Date: __________

By the following student: Full Name: _______________________________________________________

Address: ___________________________________________________________________________

___________________________________________________________________________________

Student Phone Number ___________________ Student Email: ____________________________

Please note that employment agencies usually want recommendations from clinical instructors:

Courses (Include semester and year) attended under professor’s instruction:

Course _________________________________________ Semester________ Year ____________

Course__________________________________________ Semester________ Year____________

Purpose of letter of recommendation:   Scholarship _________ Employment as nurse tech ________

Employment upon graduation as staff nurse ____________ Graduate School_____________________

Other: ______________________________________________________________________________

Information you would like included in the letter regarding other degrees, previous employment, special
skills, experience, and academic ability.

Please mail and/or fax letter to the following address(es) by (date) ________________

Include the name, position, institution, and address of person to whom letter is to be addressed:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Address letter “To Whom It May Concern or ________________ and send to the above address:

Authorization for release of information
Student signature: __________________________________________________________________