

CSU Channel Islands BSN Program
Request for a Letter of Recommendation from a Nursing Faculty Member

Date of Request: _____ Instructor: _____

Student Name: _____ Email: _____

Student Address: _____

Date Letter Needed: _____

____ Letter to be mailed to student at home (Must include stamped, self-addressed envelope)

____ Letter to be picked up in Nursing Program

____ Letter to be picked up in faculty member's mailbox (outside door)

Please list the semester, year and course in which you completed the class of the above instructor:

Didactic: _____

Clinical: _____

Please provide the following information concerning the letter and the person to whom the letter is to be addressed:

Name: _____ Title: _____

Facility Name and Address:

Purpose of the letter (employment, scholarship, internship etc.)

Specific information you would like included in the letter: (Include volunteer activities and hours, student nurses association, committee work, tutoring etc.)

Please allow at least 2 weeks minimum for processing. Please personally contact the instructor prior to the submission of this form.