

Practicum Applicant Request for Letter of Recommendation

- *This form only applies to requests made to Argosy University Personnel*
- *Use one form per letter request*

Name of Student: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ E-mail: _____

I, the undersigned, hereby authorize Professor _____ to write a letter of recommendation on my behalf.

Please Send Letter by _____ (date) to the following:

1. Student Mailbox
2. Mail to:
Name: _____
Address: _____
City _____ State _____ Zip _____
3. or Student will pick up from faculty on _____ (date)

I waive my right to review this letter of recommendation as indicated by the “✓” on the left.

I do not waive my right to review this letter of recommendation as indicated by the “✓” on the left.

I, the undersigned, hereby authorize the release of any and all information related to my academic performance and professional comporment that is relevant to the performance of responsibilities of a clinical psychology practicum student or intern.

Student's Signature _____ Date _____

This form is due to faculty by Friday, January 14, 2011
Faculty will return this letter to the student by _____ (time agreed by student and faculty).