

Student Recommendation Request Form

Instructions for student:

Email faculty/staff member a request to complete a **Letter of Recommendation** on your behalf and specify why

the student feels this individual is the best person to write this recommendation. If the faculty/staff member

agrees to send a letter on your behalf, please proceed to the next steps.

Complete the FERPA Waiver - Letter of Recommendation form found on the Registrar’s web page at

<http://www.registrar.ilstu.edu/ferpa/> and send to faculty/staff member.

Send the faculty/staff member the following information:

*Student Name:*

*Nursing Program (i.e.MSN – FNP or NSA, DNP, PhD)*

*Year in School/Expected Graduation Date:*

*Today’s Date (please allow 1 week minimum):*

*Date Requested by:*

*How many copies of the letter are being requested?*

*Position applying for?*

*Name and address of company (if not specified, the letter will be addressed “To Whom It May Concern”):*

*Is there any specific information you would like for the letter writer to know about you or this position (i.e. certain skills, proficiencies)?*

*Are there clinical instructors that the letter writer can contact about your clinical experience?*

*Does the position have a link or flyer? If so, please include it.*

*Do you have a resume? If so, please send to letter writer.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for Faculty/Staff:

Forward the signed FERPA form to Diane Fleming at [dflemi2@ilstu.edu](mailto:dflemi2@ilstu.edu) or fax it to 309-438-7711 to the MCN

Office of Student Services. OSS will put a copy in the student’s file and send the original FERPA

form to the Registrar’s Office.

Upon receipt of the FERPA waiver complete the student’s letter. Recommendations cannot be provided without

a FERPA waiver completed.