

Request for Letter of Recommendation (Assistant Professor)

Name _____ Date _____

Email _____

Name and address of your mentor team chairperson to contact for recommendation:

Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

Return by **August 1st** to:

Donna Doll-Yogerst, Chair
Department of Family Development
Oconto County UW-Cooperative Extension
301 Washington Street
Oconto, WI 54153

Fax: (920) 834-6853

donna.doll-yogerst@ces.uwex.edu **(Preferred Method)**