

## Request for Letters of Recommendation (Professor)

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

### Names and addresses of those who may be contacted for recommendation:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Return by **August 15th** to:

Donna Doll-Yogerst, Chair  
Department of Family Development  
UWEX, 301 Washington Street  
Oconto, WI 54153  
Fax: (920) 834-6853

[donna.doll-yogerst@ces.uwex.edu](mailto:donna.doll-yogerst@ces.uwex.edu) **Preferred**