

2011-12 Request for Letters of Recommendation (Associate Professor)

Candidate's Name _____ Date _____

Email _____

Your District Director _____ DD email _____

Names, addresses and email addresses of those to be contacted for recommendation: *(Your district director does NOT count as one of your 3-5 letters)*

1. Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

2. Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

3. Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

4. Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

5. Name _____ Title _____

Address _____

City _____ Zip _____

Email _____

Return by **August 1st** 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 (Preferred)