

# REFERENCE REQUEST FORM

Return to: \_\_\_\_\_

Dept of Mathematics  
Whitman College  
Walla Walla, WA 99362

I give \_\_\_\_\_ permission to disclose information about my academic record in his/her letter of recommendation for me.

For the purposes of (check one or more):  internship  
 graduate school  
 employment  
 other:

\_\_\_\_\_

\_\_\_\_\_

(signature)

\_\_\_\_\_

(printed name)

\_\_\_\_\_

(date)

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PLEASE ATTACH SPECIFIC INSTRUCTIONS FOR EACH LETTER'S DESTINATION (MAILED OR ELECTRONIC, PURPOSE, RECIPIENT ETC). IF THE LETTER IS TO BE MAILED, PROVIDE ADDRESSED ENVELOPES. IN ADDITION, PLEASE ANSWER THE FOLLOWING QUESTIONS TO AID ME IN DRAFTING YOUR LETTER:

1. Overall GPA: \_\_\_\_\_, Major GPA: \_\_\_\_\_
2. Complete the table.

Courses With Me	When? (Sem/Yr)	Grade

3. Campus activities (including employment by Whitman):

