Letter of Recommendation

One letter of recommendation is required for the Whitman OCS Application only if one or more of the following is true. Please instruct your recommender to address the relevant issue(s).

- Your cumulative GPA is below a 3.0.
- Your major GPA and/or previous semester GPA is below a 2.8.
- You are applying to a Petitioned Program.
- You wish to attend two different programs in one year (one in the fall semester and one in the spring semester).

Please note that Program Admission Applications may require one or more letters of recommendation. These are different from the Whitman letter of recommendation requirement and should be submitted directly to the program.

TO THE STUDENT

Please complete the top portion of this form, including the waiver, and give the form to the faculty member who has agreed to provide a reference for you. Be sure to give the form to the professor at least three weeks in advance of the Whitman deadline.

Name of applicant: ____________________________________________

Program or University to which you are applying: _____________________________

Semester(s) and year you wish to study abroad: _____________________________

I hereby authorize ____________________________ (name of professor) to complete this form.

I waive my right of access to this reference and understand that it will be used for the purpose for which it was prepared. YES _____ NO ___

Signature of student: ____________________________________________

TO THE FACULTY MEMBER

The student named above is applying to spend one or two semesters at the university or program listed above. We would appreciate your candid assessment of the student's academic ability and attainments, character and personality and on their suitability to participate on a study abroad program or a U.S. domestic OCS program. Please attach your signed letter of reference to this form and send it to Whitman Off-Campus Studies, Mem 204.

Name: ____________________________ Date: ____________
Title: ____________________________ Department: ____________________________
Signature: ____________________________
Telephone: ____________________________ E-mail: ____________________________

Please return this form and attached recommendation letter to Whitman College, Off-Campus Studies, Memorial 204.
Tel: 509-527-4992 Fax: 509-526-4770
Email for scan: offcampusstudies@whitman.edu