

**FORM A – Faculty/Staff Recommendation Letter Request**

Attach your resume, personal statement (letter of intent), photocopy of your unofficial college transcripts (including your most recent UCD transcript), and the signed "Authorization For Disclosure of Information."

(Turn in to the Advising Department Office via e-mail ([nutforms@ucdavis.edu](mailto:nutforms@ucdavis.edu))

– DUE at least 30 days prior to deadlines –

- For deadlines in January, February, & March, the deadline is the first Monday of Winter Quarter -

Name:		Phone:		
E-Mail:		Recommender:		
Anticipated/Actual Graduation Date:				
Current GPAs:	UCD Undergrad: _____	If applying to Supervised Practice (DIs):	_____	
	Transfer Undergrad: _____			DPD Overall: _____
	Overall (UCD + transfer): _____			DPD Professional: _____
	Graduate (if applicable): _____			DPD Science: _____
I am applying to:				
<input type="checkbox"/> Master's/PhD <input type="checkbox"/> Master's Coord. Grad. <input type="checkbox"/> Master's Future Grad. <input type="checkbox"/> Master's w/ DI <input type="checkbox"/> DI <input type="checkbox"/> Other				

**DATE OF FIRST DEADLINE:**

<b>GRADUATE SCHOOL PROGRAMS:</b>			<b><u>COURSES TAKEN FROM THIS INSTRUCTOR:</u></b>		
Check box for each program that includes Supervised Practice/Dietetic Internship hours			<b><u>Course:</u></b>	<b><u>Quarter/Year:</u></b>	<b><u>Grade:</u></b>
1.	<b>Deadline Date:</b>				
	Program Name: <input type="checkbox"/>				
	University:				
	Degree Pursuing:				
	Subject Area:				
	City, State:				
	Additional info:				
2.	<b>Deadline Date:</b>				
	Program Name: <input type="checkbox"/>				
	University:				
	Degree Pursuing:				
	Subject Area:				
	City, State:				
	Additional info:				
3.	<b>Deadline Date:</b>				
	Program Name: <input type="checkbox"/>				
	University:				
	Degree Pursuing:				
	Subject Area:				
	City, State:				
	Additional info:				
4.	<b>Deadline Date:</b>				
	Program Name: <input type="checkbox"/>				
	University:				
	Degree Pursuing:				
	Subject Area:				
	City, State:				
	Additional info:				
5.	<b>Deadline Date:</b>				
	Program Name: <input type="checkbox"/>				
	University:				
	Degree Pursuing:				
	Subject Area:				
	City, State:				
	Additional info:				

**OTHER INSTITUTIONS ATTENDED/DEGREES/CERTIFICATIONS: (In Chronological Order)**

**ATTACH PHOTO HERE (required):**

**GRADUATE SCHOOL PROGRAMS (CON'T):**

Check box for each program that includes Supervised Practice/Dietetic Internship hours

6.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
7.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
8.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
9.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
10.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	Address:	
	City, State:	
	Additional Information:	
11.	<b>Deadline Date:</b>	
	Program Name: <input type="checkbox"/>	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	

Please rate yourself on the qualities listed below by checking the appropriate box.

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

	<b>O</b>	<b>MS</b>	<b>SAT</b>	<b>NI</b>	<b>U</b>
<b>Application of Knowledge</b>					
Nutrition Content					
Medical Nutrition Therapy					
Foodservice Management					
Research Methods					
<b>Analytical Skills/Problem Solving</b>					
<b>Conceptual Skills</b>					
<b>Communication Skills</b>					
Oral					
Written					
<b>Interpersonal Skills</b>					
Peers/Co-Workers					
Teachers/Supervisors					
<b>Leadership Potential</b>					
<b>Initiative/Motivation</b>					
<b>Punctuality</b>					
<b>Adaptability</b>					
<b>Reaction to Stress</b>					
<b>Perseverance</b>					
<b>Creativity</b>					
<b>Organizational Skills</b>					
<b>Works Independently</b>					
<b>Responsibility/Maturity</b>					
<b>Overall Potential as a Dietitian (if applicable)</b>					
<b>Overall Potential as a Grad Student (if applicable)</b>					
<b>Overall Potential in Your Chosen Field</b>					

List any work or volunteer experience that you have had. Indicate where you worked, when you worked there, and describe the work that you did. Include any foodservice management, clinical, or community nutrition work experience. Designate which positions were paid and which were volunteer/work-learn. Refer to resume if appropriate. We want ALL experiences; not just what is on your resume.

List any other information that will help the faculty member write a letter of recommendation. If you have chosen nutrition, foods, or other science courses as electives, list them here. If you have done any special projects or individual studies, describe them here. Indicate any special circumstances (illness, working part or full-time, commuting more than 20 miles/day, etc.) that may have affected your educational performance while you have been in school. List any special skills (computer programming, foreign languages, etc.) that you may possess.

**List any extra-curricular activities in which you have taken part. Identify any leadership roles (i.e. officer, committee member, committee chair, etc.) that you have held. Include honor societies, student groups, religious organizations, youth groups, mentorships, and athletics.**

**Are there any specific reasons why you want to go to these particular graduate schools/programs?**

**What are your plans and ambitions?**

**Explain why you feel that you should be accepted rather than another applicant.**

**List 5 adjectives that best describe you and describe why.**

- 1.
- 2.
- 3.
- 4.
- 5.

**List two weaknesses or qualities that need further development and describe why.**

- 1.
- 2.

**Authorization for Disclosure of Information from Student Records  
for Letter of Recommendation or Reference**

In accordance with the federal Family Educational Rights and Privacy Act (FERPA) I understand that, in general, the disclosure of confidential information contained in my student records (for example, my GPA) requires my written consent.

By signing below, I \_\_\_\_\_ (student name) hereby request and authorize  
\_\_\_\_\_ (faculty name) to do the following (check all that  
apply):

**Nature of Request**

- ☐ Write a letter of recommendation or reference  
☐ Complete an evaluation form  
☐ Provide information in person or over the phone  
☐ Review my transcripts, other student records, and employment records at UC Davis and other educational institutions for the purposes of preparing a recommendation or responding to requests for information about me  
☐ Other \_\_\_\_\_

**Purpose of Disclosure**

- ☐ Employment application  
☐ Application for admission to educational institution or program  
☐ Application for scholarship, grant, funding, honor, or award  
☐ Other \_\_\_\_\_

**Records and Information to Be Disclosed (check all that apply )**

- ☐ Degree verification  
☐ Transcripts and information from transcripts  
☐ GPA and specific course information  
☐ Faculty member's personal observations and knowledge about me, including, but not limited to, attitude, performance in class, motivation, abilities, and/or background  
☐ Other \_\_\_\_\_

**Parties to Whom Information May Be Disclosed**

(include category [potential employers or schools] and name, institution, and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver of Access (check one)**

- I ☐ waive  
☐ do not waive

my right to see recommendations or other written information prepared pursuant to this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date