FORM A – Faculty/Staff Recommendation Letter Request

Attach your <u>resume</u>, <u>personal statement/letter of intent</u>, <u>photocopy of your unofficial college transcripts</u> (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

– 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:

GPAs:	UCD Undergrad:	_____	**MUST BE COMPLETED** if applying to **Supervised Practice (DIs):**	
	Transfer Undergrad:	_____		
	Overall (UCD + transfer):	_____	DPD Overall:	_____
	Graduate (if applicable):	_____	DPD Professional:	_____
			DPD Science:	_____

I am applying to (select all that apply): ☐ Master's   ☐ PhD   ☐ Other
☐ Master's w/ Supervised Practice/Dietetic Internship
☐ Stand-alone Dietetic Internship

DATE OF FIRST DEADLINE:

PROGRAMS APPLYING TO: Check box for each program that includes Supervised Practice/Dietetic Internship hours		COURSES TAKEN FROM THIS INSTRUCTOR:		
1.	**Deadline Date:**	**Course:**	**Quarter/Year:**	**Grade:**
	Program Name: ☐			
	University:			
	Degree Pursuing:			
	Subject Area:			
	City, State:	**OTHER INSTITUTIONS ATTENDED/DEGREES/ CERTIFICATIONS: (In Chronological Order)**		
	Additional info:			
2.	**Deadline Date:**			
	Program Name: ☐			
	University:			
	Degree Pursuing:			
	Subject Area:			
	City, State:			
	Additional info:			
3.	**Deadline Date:**			
	Program Name: ☐			
	University:			
	Degree Pursuing:	**ATTACH PHOTO HERE (required):**		
	Subject Area:			
	City, State:			
	Additional info:			
4.	**Deadline Date:**			
	Program Name: ☐			
	University:			
	Degree Pursuing:			
	Subject Area:			
	City, State:			
	Additional info:			
5.	**Deadline Date:**			
	Program Name: ☐			
	University:			
	Degree Pursuing:			
	Subject Area:			
	City, State:			
	Additional info:			

PROGRAMS APPLYING TO(CON'T):
Check box for each program that includes Supervised Practice/Dietetic Internship hours

6.	**Deadline Date:**	
	Program Name: ☐	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
7.	**Deadline Date:**	
	Program Name: ☐	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
8.	**Deadline Date:**	
	Program Name: ☐	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
9.	**Deadline Date:**	
	Program Name: ☐	
	University:	
	Degree Pursuing:	
	Subject Area:	
	City, State:	
	Additional Information:	
10.	**Deadline Date:**	
	Program Name: ☐	
	University:	
	Degree Pursuing:	
	Subject Area:	
	Address:	
	City, State:	
	Additional Information:	
11.	**Deadline Date:**	
	Program Name: ☐	
	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

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

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 contai ned 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 recomm endation 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 knowl edge 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