FORM B – Faculty/Staff Recommendation Letter Request – Graduate School Attach your resume, personal statement, photocopy of your unofficial college transcripts (including your most recent UCD transcript), and the signed <i>"Authorization For Disclosure of Information."</i> (Turn in to the Advising Department Office via e-mail (<u>nutforms@ucdavis.edu</u>) – DUE at least 30 days prior to deadlines –								
Nam	ie:		Phone:					
E-Ma	ail:		Recommender:					
Antic	cipated/Actual Gradua							
Curr	ent GPAs: UCD U	ndergrad: Tran	sfer Undergrad:	Overall (UCD	+transfer):			
DAT	DATE OF FIRST DEADLINE:							
*		CHOOL PROGRAMS: Recommendation Systems		COURSES TAKEN FROM THIS INSTRUCTOR:				
1.		Recommendation Systems	Courses	Quarter/Veer	Grada			
 ^{1.} →	Deadline Date:		<u>Course:</u>	Quarter/Year :	<u>Grade:</u>			
┢──┤	Program Name:							
┢──┼	University:		- I					
	Degree Pursuing:							
	Addressee:							
	Address:		OTHER INS	TITUTIONS ATTENDE	D/DEGREES/			
	Address:			ATIONS: (In Chronolo				
	City, State:			,	<u> </u>			
	.,							
2.	Deadline Date:		-					
2.	Program Name:							
	University:		L					
┢──┤	Degree Pursuing: Addressee:		-					
	Addressee: Address:		-					
	Address:		-					
┢──┼	City, State:		-					
	City, State.							
			ATTA	<u>CH PHOTO HERE (rec</u>	quired):			
3.	Deadline Date:							
	Program Name:		_					
┡──┤	University:		-					
	Degree Pursuing:		-					
┣──┼	Addressee:		-					
┢──┤	Address:		-					
┢──┤	Address:		-					
┣──┤	City, State:		-1					
4.	Deadline Date:		-					
	Program Name:		1					
	University:							
	Degree Pursuing:							
	Addressee:							
	Address:							
	Address:							
	City, State:							

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

O – Outstanding: MS - More than Satisfactor	v: SAT – Satisfactory: NI - Needs I	mprovement II - unsatisfactory
	y, OAT – Oalistaciory, Ni - Necus i	mprovement, o - unsatistaciony

0 – Outstanding; MS - More than Satisfactory; SAT – Sa	0	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 Graduate Student					
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.

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?

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

List 5 adjectives that best describe you and why.

1.

2.

3.

4.

5.

List two weaknesses or qualities that need further development.

1.

2.

Section 320-21 Exhibit D 5/2/07

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

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

E 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)

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do not waive

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

Signature

Date