

California State University, Bakersfield
Recommendation Request

*Please allow two(2) weeks for processing.

CSUB ID #: _____ Today's Date: _____ Letter Deadline: _____
Last Name: _____ Address _____
First Name: _____ City, State, Zip: _____
Phone: _____ E-Mail: _____
Major: _____ Concentration: _____ Overall GPA: _____

Please address the letter to: (If left blank, the letter will be addressed "To whom it my concern")

Attention: _____
Business or College: _____
Street Address: _____
City, State, Zip: _____

Student Pick-up

Mail to Business or College addressee

This recommendation letter will be used for: (Mark all that apply)

Scholarship Application
(include scholarship form if applicable)

Graduate School

Resume/Job application
(must include resume)

Other: _____

Who is the recommender? _____

How long have you known this person? _____

Campus & Community involvement: _____

Relevant Experience: _____

Awards/Accomplishments: _____

Obstacles you have overcome: _____

