

REFERENCE REQUEST FORM

Return to: Albert Schueller
Dept of Mathematics
Whitman College
Walla Walla, WA 99362

I give Albert Schueller permission to disclose information about my academic record in his letter of recommendation for me.

For the purposes of (check one or more):

- internship
- graduate school
- employment
- other: _____

(signature)

(printed name)

(date)

PLEASE ATTACH SPECIFIC INSTRUCTIONS FOR EACH LETTER'S DESTINATION (MAILED OR ELECTRONIC, PURPOSE, RECIPIENT ETC). IF THE LETTER IS TO BE MAILED, PROVIDE ADDRESSED ENVELOPES. IN ADDITION, PLEASE ANSWER THE FOLLOWING QUESTIONS TO AID ME IN DRAFTING YOUR LETTER:

- Overall GPA: _____, Major GPA: _____
- Complete the table.

Courses With Me	When? (Sem/Yr)	Grade

- Campus activities (including employment by Whitman):

