

Letter of Recommendation

Last Name _____ First Name _____ Middle Initial _____

Select a campus

Select a program

ID# _____

Email _____ Phone _____

I am requesting a letter from (name of faculty/Dean): _____

Purpose of the letter:

I understand that the letter of recommendation that I am requesting will reflect the personal opinion of Faculty/Dean, named above, and not the University. I acknowledge that West Coast University has not reviewed and is not liable for any statement made in the requested recommendation.

Per University policy, Faculty/Dean, named above, is prohibited from providing grade, GPA, or class rank information. If such information is required, please order an official transcript through National Student Clearinghouse.

I would like for the letter to be:

- ☒ I will pick up from the campus.
- ☐ Email PDF copy directly to (Email address): _____
- ☐ Mailed to the following address: _____

Student Signature* _____ Date _____

REGISTRAR'S OFFICE

Comments (if applicable) _____

Date Received _____ Date Processed _____ Initial _____