

Reference Request Form

Department of Speech/Language/Hearing Sciences Murray Hall, MSUM, Moorhead, MN 56563 Phone: 218-477-2417 Email: <u>slhs@mnstate.edu</u> Webpage: www.mnstate.edu/slhs

Student Name:	Dragon ID or Star ID: Phone number:
Email Address:	Address:
1 Please l	list all the capacities in which we have had contact (classroom instructor, advisor, clinic supervisor

- Please list all the capacities in which we have had contact (classroom instructor, advisor, clinic supervisor, university, or community organization, other)? List all that apply. Include relevant dates.
- 2. Please list all the courses you have taken from me, the semester and year taken, and grade earned. Also include a list of the topics of any paper(s) written for me.
- 3. Please describe the key skills, knowledge/training, experiences, work style or character traits that you have that any graduate schools or employers may be seeking.
- 4. Please list employment, internships, volunteer work, related projects, extracurricular, leadership or group activities or other experiences that may be used as evidence to support your capabilities as a graduate student or employee. (Attach a resume or an additional page to ensure that you provide adequate information to highlight your strengths).

Please include in a separate document:

- List of all schools to which you are applying
- Include the actual deadline for each school
- Whether or not they use the CSDCAS centralized service or their own specific link.
- For each school, verify you have the correct faculty member's email address before you enter it in their application (most schools will send a link directly to the faculty member).
- Self-addressed, stamped, self-sealing envelope for each letter (only needed if it is not an electronic link)

I authorize (name of your reference writer) __________to provide information related to my professional capabilities/skills, grades/GPA, character traits or other personally identifiable information from my education record in a written letter (or telephone follow-up) to prospective employers, educational institutions and foundations for the purpose of assisting me in obtaining employment, admission to graduate school, fellowships, and/or scholarships.

Student's signature_____

Date: _____

Murray Hall / 1104 7th Ave South / Moorhead, Minnesota 56563 Phone: 218.477.2417/ Fax 218.477.4392 e-mail: slhs@mnstate.edu / www.mnstate.edu

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