

FORM B – Departmental Recommendation Letter Request

Completion of this form will generate a "Declaration of Intent to Complete" or "Verification Statement."

(Turn in to the Advising Department Office via e-mail (jereyes@ucdavis.edu)
by the first day of Winter Quarter (Spring Match) or August 15th (Fall Match))

Name:	<input type="checkbox"/>	I am also applying for scholarships.
E-Mail:		
Phone:		
SID:		

EARLY DEADLINE INTERNSHIPS ONLY:

*Check Box for Non-DICAS Programs

1.	Deadline Date: <input type="checkbox"/>	
	Internship Name:	
	City, State:	
2.	Deadline Date: <input type="checkbox"/>	
	Internship Name:	
	City, State:	
3.	Deadline Date: <input type="checkbox"/>	
	Internship Name:	
	City, State:	

COURSE SCHEDULE – LIST ALL CLASSES:

Winter Quarter:

Spring Quarter:

Major: _____

Graduation Date: _____

REGULAR DEADLINE INTERNSHIPS:

*Check Box for Non-DICAS Programs

4.	Internship Name: <input type="checkbox"/>	
	City, State:	
5.	Internship Name: <input type="checkbox"/>	
	City, State:	
6.	Internship Name: <input type="checkbox"/>	
	City, State:	
7.	Internship Name: <input type="checkbox"/>	
	City, State:	
8.	Internship Name: <input type="checkbox"/>	
	City, State:	
9.	Internship Name: <input type="checkbox"/>	
	City, State:	
10.	Internship Name: <input type="checkbox"/>	
	City, State:	

TRANSFER COURSES:

Did you complete your entire Didactic Program in Dietetics at UC Davis? Yes No

If No – Complete the Following:

Transfer Course:

Where Taken?

RECOMMENDATIONS REQUESTED FROM:

List individual names (Nutrition Dept. Faculty/Staff Only)

**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 contained 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 recommendation or responding to requests for information about me
- Other _____

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
- Faculty member's personal observations and knowledge 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)

- I waive
- do not waive

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

Signature

Date