



## Letter of Recommendation Request

(Please use black or blue ink to fill out this form)

This form is used to request letters of recommendations from CAMP Staff. Please be aware that the request is not approved by simply submitting the form. You will be notified via email of approved requests. Please note that the request may take 5-10 business days to complete. Submit the form via email to Mrs. Leonora Pena at [ldwillia@uci.edu](mailto:ldwillia@uci.edu).

### Student Information:

UCI ID  
Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

UCI E-Mail: \_\_\_\_\_

Preferred  
Phone Number: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor  
(if applicable): \_\_\_\_\_

Year:  Freshman

Sophomore

Junior

Senior

### Recipient Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Requesting letter of  
recommendation  
from:** \_\_\_\_\_

Due  
Date: \_\_\_\_\_

**Method of  
Delivery:**  Soft Copy  
(E-Mail Link)

Sealed Hard Copy  
(Pick-Up from CAMP Office)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Note: The Letter of Recommendation request must be submitted 4 weeks (or more) prior to the due date. Letters will not be reviewed if not submitted within the appropriate time frame.

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### Authorized Approver

Signature and Date: \_\_\_\_\_

Approved

Consider a different recommender

Comments: \_\_\_\_\_  
\_\_\_\_\_

Time constraint

Other