



Allied Health Recommendation Request:

All students seeking letters of recommendation for post-graduate education in any Allied Health Profession need to complete this form and submit it to the Allied Health Advisor no less than 30 days prior to the due date of the letter. Late requests may not be honored.

NAME: _____
MAJOR(S): _____ **Hours completed toward degree:** _____
GPA: Cumulative _____ **GPA in the Major (majors' classes only):** _____

Program(s) to which you will be applying:
(Please check the program(s) to which you are applying.)

College of DuPage

Nuclear Medicine Technology

Rush University

Medical Laboratory Science

Perfusion Technology

Respiratory Care Therapy

Vascular Ultrasound

Northwestern Memorial Hospital

Diagnostic Medical Sonography

Nuclear Medicine Technology

Radiation Therapy

Radiography

Other Programs

Please list:

Include details of how to submit letters.

Contact Info:

Faculty member(s) requested by student to write letter(s): Please fill in the blanks ONLY as needed (i.e., if your school requires two letters, fill in two faculty requests).

1. _____
2. _____
3. _____
4. _____

Is it required to shadow before application?

YES NO

If YES,

I have already completed

I have scheduled the date

I have not scheduled yet, but understand that I need to ASAP