LETTER OF REFERENCE
BY FACULTY/STAFF

Reference writer: This is one of several letters which the undersigned may request for inclusion in a credentials file to be held in this office. Copies will be mailed to prospective employers/graduate schools.

Name of candidate: ________________________  Graduation month: ________  Year: ________

PLEASE TYPE - DO NOT USE REVERSE SIDE

Name of Evaluator (please print or type): ______________________________________________________________________
Title: ________________________________________________________________  Telephone (      )  ________________
Signature: _________________________________________________________________Date_______________________

Please return to SUNY Potsdam, Career Planning Office, 130 Sisson Hall, Potsdam, NY 13676  Phone: (315) 267-2344.