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 use space below or attach to a letter on Departmental Letterhead – Do not use reverse side.

Name of Evaluator (please print): ____________________________________________________________________

Title: ______________________________________________________________  Telephone (______) ____________

Signature: ________________________________________________________  Date_______________________

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