Request for Mini-Courses Letter of Recommendation/Letter of Participation

Please provide at least a two weeks’ notice for all requests.

All requests must be submitted via fax at 414.229.3490, e-mail at minicourses@uwm.edu, or mail at:

UW-Milwaukee
Mini-Courses
PO Box 413
Milwaukee, WI 53201

Student Name ____________________________________________

What type of letter would you like? Please check ONE box.

☐ Letter of Recommendation OR ☐ Letter of Participation

(A letter of recommendation is a more personalized letter that will include specific details of the student such as his/her characteristics, school and community involvement, etc.)

(A letter of participation will ONLY include information regarding the student’s participation in the Mini-Courses Program.)

How many copies of the letter would you like? ____________

Who would you like your letter to be addressed to? Please check ONE box.

☐ *School/Organization Name ________________________________
   Attention (Only if applicable) ________________________________
   School/Organization Address ________________________________

OR

☐ To Whom It May Concern

Who would you like us to mail the letter(s) to? Please check ONE box.

☐ Please mail the letter(s) to me OR ☐ Please mail the letter(s) to the school/organization

(If you chose this option, we will also mail you a copy of the letter(s))

Only complete the next portion of the form if you are requesting a Letter of Recommendation

List any awards received: __________________________________________

List any in-school activities you are presently involved in: (clubs, athletics, etc.) __________________________________________

List any outside of school activities you are presently involved in: (Pre-college programs, volunteer/community work, church, etc.) __________________________________________

List any post-secondary school education and career plans: __________________________________________

Additional comments (anything you want us to include): __________________________________________

Office Use Only

MC History (Please list all semesters that student attended.) ☐ SA ________________________________

☐ ACT ________________________________ ☐ SEC ________________________________

Initial & Date Received: ________________________________ Mailed/Sent: ________________________________

REVISED 9/11/17