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

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

All red	quests must be submitted via fax at 414.229.3490, e-n	nail at min	icourses@	uwm.edu, or mail at:	UW-Milwaukee Mini-Courses
Stude	ent Name				PO Box 413
What	type of letter would you like? Please check <b>ONE</b> box.				Milwaukee, WI 53201
	Letter of Recommendation (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.)	OR		Letter of Participate (A letter of participation regarding the student's participation courses Program.)	will <b>ONLY</b> include information
How r	many copies of the letter would you like?				
Who v	would you like your letter to be addressed to? Please of	check <b>ON</b>	E box.		
	*School/Organization Name			*If you would li!	ke a letter sent to more
	Attention (Only if applicable)				ol/organization, please
	School/Organization Address				tional information to this
		OR		_	
	To Whom It May Concern				
Who w	would you like us to mail the letter(s) to? Please check	k <b>ONE</b> box	⟨.		
	complete the next portion of the form if you are received:	equesting	a Letter of		ne letter(s))
List ar	ny in-school activities you are presently involved in: (clu	ubs, athleti	cs, etc.)		
List ar	ny outside of school activities you are presently involve	ed in: (Pre	-college pro	ograms, volunteer/comr	munity work, church, etc.)
List a	ny post-secondary school education and careerplans:	 ;			
Additi	ional comments (anything you want us to include)				
	O.(!'				
MC	Office: History (Please list all semesters that student attended.) □SA	e Use Onl	•		
□A	ACT	_□SEC _			
   Init	tial & Date Received:		Mailed/Se	nt:	