



CRS HD Form 2- Recommendation letter requests

CRS HELP DESK FORM 2	
Please provide the details needed for graduates requesting for a recommendation letter from the Dean on the right column of the table. Save in word format and send back to crshsihelpdesk@dlshsi.edu.ph Write NA if the detail is not applicable to you.	
1. Complete name	
2. Email address	
3. Contact number	
4. Year of graduation	
5. Specific purpose of recommendation a. Employment (<i>specify location of work and name of company/agency</i>) b. Admission to school (<i>specify post-graduate studies and name of school</i>) c. Others (<i>specify other purpose</i>)	
6. Year of licensure exam if taken (<i>if passed, provide license number and picture of PRC ID</i>)	
7. Brief work history since graduation	
a. Where employed	
b. Nature of work	
8. Name of person to whom the recommendation letter should be addressed	

I attest that all details supplied above are true and correct.

Name and Signature:

Date:

