## Letter of Recommendation Form Dr. Aerielle (Elle) M. Allen

Name	Pronouns	
Expected Graduation Year	Cumulative GPA	Major GPA
Major(s)/Minor(s)		
First Deadline (when you need the letter by)		
RA or Student? Please specify Graduate or U	ndergraduate	

If you're a student, please list the courses you have taken under the direction of Dr. Allen:

Course Number	Course Title	When Taken

Please describe details of the program(s) you are applying for. If there are more programs than space allotted, please add them in additional details below.

Graduate Programs			
University Name	Program/Degree/Fellowship Title LOR Deadlin		

Re	esearch Funding Applications	
Organization	Scholarship/Grant/Award	LOR Deadlin
Postdocto	oral Fellowships/Programs/Positions	
University & Department	Sponsoring Faculty Member(s)	LOR Deadlin
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## **Next Steps Checklist**

☐ Fill out this form entirely
☐ Request a meeting with Dr. Allen <b>via email</b> with the email subject "Letter of Recommendation
Meeting - [First Name] [Last Name]". Send the email using your Tufts email address (otherwise
it may go to spam). Include the following as attachments in this email:
o A PDF copy of this form
o Application Materials (Essays, Writing Samples, Cover Letters, links to application
information if applicable)
o <b>Brag Sheet</b> (if applicable)
<ul> <li>Most updated copy of your CV</li> </ul>
☐ Ensure at least a 6 weeks' (about 1 and a half months) notice prior to LOR submission and
frequent follow-up check-ins closer to the deadline
Agwaamant
Agreement
I, (Print Name), understand that I am not entitled to a copy of
my letter of recommendation and will not receive a copy unless otherwise specified by Dr. Allen. I also
agree that I am requesting this letter in advance notice and, if not, have spoken with Dr. Allen about the
urgency of my request.
Date
Student Signature