

REFERENCE LETTER REQUEST FORM

(Please fill in CAPITAL letters with correct Spellings)

(Reference letter will be issued after a minimum of 48 working hours.)

Name (s) Group Member (s): _____

Class: _____ **Course Name:** _____

Project Title / Name (exact) : _____

Name & Designation of Person you want to meet: _____

Name & Address of the Organization : _____

Signature of Requesting student

Date

(Incomplete form will be entertained.)

Receipt

Received the request for reference letter on _____ at _____

Please collect the reference letter on _____ at _____

Signature

Date