

PART III – FACULTY RECOMMENDATIONS

Please indicate below who you requested recommendations from:

1.	Chef, Nutrition, Food Science Instructor	Course name and term:	
2.		Course name and term:	
3.		Course name and term:	

incurred by me upon enrollment. I hereby authorize Johnson & Wales University to review my academic progress in order to evaluate my application. I further authorize Johnson & Wales University to publish for public relations purposes, a photograph(s) in which I appear. I also further agree to support the administration in upholding the rules and regulations of the University and in maintaining high standards in all phases of college life.

Applicant's Signature: _____ Date: _____

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Application, resume, change of status form, letter of recommendation and GPS audit/transcript must be submitted with this application. For more information, call (401) 598-1423 or visit our website at www.jwu.edu. © 2015 Johnson & Wales University. All rights reserved.