

SECTION C: REFERENCES (PERSON(S) WHO ARE SENDING IN LETTERS OF RECOMMENDATION ON YOUR BEHALF)

Name: _____
Address: _____
E-mail: _____
Telephone: _____
What is his/her relationship to you?

Name: _____
Address: _____
E-mail: _____
Telephone: _____
What is his/her relationship to you?

Student Signature

_____/_____/_____
Date

Return form to: **Office of Admissions**
Glennville State College
200 High Street
Glennville, WV 26351
(304) 462-6130 office
(304) 462-0578 fax