



SALES REPRESENTATIVE RESULTS REQUEST FORM

NAME OF APPLICANT:

Last

First

Middle

APPLICANT'S CONTACT #: (W) _____ (C) _____ (H) _____

APPLICANT'S EMAIL ADDRESS: _____

PROGRAMME(S)/COURSE(S) TAKEN & DATE(S):

COMPLETE NAME & ADDRESS OF INSTITUTION (*Recommendation letter to be sent to*)

TODAY'S DATE: _____

PLEASE INDICATE WHETHER RECOMMENDATION LETTER SHOULD BE SENT OR TO BE PICKED UP .

SEND

COLLECT

SIGNATURE: _____

FOR OFFICIAL USE ONLY

RECOMMENDATION LETTER SENT
 PICKED UP
 OTHER

DATE: _____

NOTE: Recommendation letters will not be made available to students with outstanding fees