

YOUR NAME

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REFERENCES

Professor First Name Last Name (my _____ professor)

The University of the South
735 University Avenue
Sewanee, TN 37383-1000
Daytime phone number
Email address

Professor First Name Last Name (my _____ coach)

The University of the South
735 University Avenue
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Mr./Ms. First Name Last Name (my internship supervisor)

Name of Company/Organization
Company/Organization Address
City, State Zip Code
Daytime phone number
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