

| Letter of Recommendation Form

Please PRINT Clearly.

Pre-Professional Advising Center
120 University Pavilion | Mail Location 0090
Cincinnati, Ohio 45221-0090
(p) 513.556.2166
www.uc.edu/preproadvising | PreProAdv@uc.edu

Dear Applicant:

Please read thoroughly, complete the form, and give to your recommender.

In compliance with federal law Family Education Rights and Privacy Act (FERPA), you have the right to review all university files and documents concerning you, including reference materials written about you. You are not required to waive your right to view letters of recommendation in order to use the services of the Pre-Professional Advising Center (PPAC). However, keep in mind that evaluative/reference materials may carry more weight if programs know that you have waived access to the materials.

Letters of recommendation will remain confidential and will only be shared with medical school admissions committees based on your permission via the Letter of Recommendation Packet Submission Form. This form must accompany each letter of recommendation received by the PPAC. Once each letter of recommendation has been received by the PPAC, you and the recommender will receive email verification.

Yes No *I agree to waive my right to review the requested recommendation per the guidelines stated.*

Name _____ M# _____ Email _____

Signature _____ Date _____ Phone _____

Dear Recommender:

The student above has requested that you write a letter of recommendation on behalf of their application to medical school. The recommendation should be on letterhead, addressed to the admissions committee, signed and dated. The most helpful letters are those that outline the student's academic aptitude, ability to understand and solve complex problems, maturity, leadership, interpersonal skills, etc. Please be candid in your recommendation. Also include in what capacity and how long you have known the student. **Please return this form with your letter of recommendation to the PPAC via email, mail, or in person no later than Monday, July 2, 2012.**

Name _____ Email _____

Signature _____ Date _____ Phone _____