



DIVISION OF GRADUATE MEDICAL SCIENCES  
BOSTON UNIVERSITY SCHOOL OF MEDICINE

**LETTER OF EVALUATION WAIVER FORM**

**TO THE APPLICANT:**

This letter of evaluation waiver form is for letters written by members of the faculty at Boston University, faculty members at other universities where you have studied, and outside employers. Please complete the top section of this form by signing and marking if you waive your right of access to your evaluation. Once signed, give this form to your evaluator to sign and return to the GMS Office with their recommendation letter.

Under the Family Education Rights and Privacy Act of 1974, Boston University students are entitled to have access to letter of evaluation contained in their permanent educational records at Boston University. Students, however, may waive this right of access to ensure confidentiality of an evaluator. Please check below if you do or do not waive your right of access and then sign below your statement:

- I WAIVE MY RIGHT OF ACCESS** to the content of my recommendation folder and ask that Boston University hold it in confidence so that it is available only to the University and to the professional schools to which I apply.
- I DO NOT WAIVE MY RIGHT OF ACCESS** to the contents of my recommendation folder.

Name (print): \_\_\_\_\_

BU ID#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO THE EVALUATOR:**

Please assess the above named student’s intellect, personality, and character—particularly those qualities that bear on his or her promise as a physician, dentist, or other health professional—in a formal letter of recommendation. It would be helpful to note the state of the student’s preparation for medical study and ability in writing and/or independent work. The listing of any special honors or awards, unusual interests, abilities, and accomplishments that are of relevance is also helpful. Please indicate how long you have known the student, and list the course(s) you have taught him/her, if applicable. **Your statements will be sent directly to the professional schools to which the student is applying.**

**Evaluations should be written on your official stationary and use the general salutation “Dear Admissions Committee.”**

**Please attach your letter to this signed waiver form and email to [dianna@bu.edu](mailto:dianna@bu.edu) or, mail to:**

Division of Graduate Medical Sciences  
Attn: Dianna Rivera  
72 East Concord Street, L-309  
Boston, MA 02118