

SYRACUSE UNIVERSITY

College of Arts & Sciences

Advising & Career Services

Health Professions Advising Request for Letter of Recommendation

Name (Please Print) _____ SUID _____

Letters from Recommenders MUST be received by May 1st before the summer in which you will apply.

Please complete this form as soon as possible to give your recommender enough time to complete their recommendation by the deadline above. Recommenders will be asked to submit a recommendation for the field you indicated you were applying to on your Intent to Apply.

I am requesting a **Letter of Recommendation** from:

Name and Title of Recommender
Campus/Office Address
Email Address

My relationship with the Recommender is:

- ☐ Professor/Science, ☐ Professor/Major ☐ Professor/Other
☐ Research/Internship ☐ Clinical Experience ☐ Community Service ☐ Employment ☐ Leadership
☐ Other _____

I have known the Recommender since (indicate date(s)/course(s)): _____

Current federal law provides that applicants may have access to material such as individual recommendations. Applicants may choose, however, to waive this statutory right. For further information you may inquire with Advising and Academic Support.

Select one:

_____ I **do** waive my right of access to the individual letters of recommendation.

_____ I **do not** waive my right of access to the individual letters of recommendation.

Signature* _____ Date _____

**In typing your name in the Signature area, you are virtually signing the above document.*

You are responsible for supplying accurate and complete information, checking your file to make sure recommendations have been received, and following up on recommenders who need a *gentle* reminder.