

**Drexel University College of Medicine
Office of Student Affairs**

REQUEST FOR:

- Letter of Good Standing**
- Letter of Recommendation** *(Please complete 2nd side of this form)*

Student's Printed Name

Student's Signature

Date

Email Address

Class of

Phone #

Name of Program: _____

What are you applying for? *(ex. internship, fellowship, scholarship, grant, etc.)*

Please send the requested letter:

To the attention of - _____

Institution's Name - _____

By Mail - *Mailing Address:* _____

By Fax - *Fax Number:* _____

By Email - *Email address:* _____

Due Date: _____

(Please give the actual deadline. We appreciate 5 working days to fulfill your request)

*Please write any special instructions in the space below

*Please provide us with a statement that explains why you are pursuing this scholarship, program, grant, etc. This helps the Dean provide the program with important personal information about you.

Please list Honors grades or Highly Satisfactory grades you have received at Drexel Med:

Honors - _____

Highly Satisfactory - _____

Describe any awards, merit scholarships or special achievements you have received:

Please describe community and extracurricular activities you are participating in at Drexel Med or while you were an undergraduate:

Describe any relevant job or research experience you have had:

List Drexel Med Offices, committee memberships and other leadership activities you have held:

*If there is any other information you would like included, please attach it to this form.