

University of Wisconsin
Request for Letter of Recommendation
For Non-ERAS Application Process

Date:	
Letter Writer:	
Applicant Name:	

Thank you for agreeing to write a letter of recommendation in support of my application. This sheet explains the special procedures needed to prepare a letter for the University of Wisconsin Hospital and Clinics residency programs.

Please send the letter of recommendation to the designated department using the following format. Letters from Program directors must be signed originals. Letters from faculty other than Program directors may be a copy.

1. Address the letter to “Dear Program Director or Department Chair”.
(I would be happy to provide you a list of programs to which I am applying).
Include in the letter that I have or have not waived my right to see this recommendation, as indicated below.
2. Write your letter on letterhead.
3. Please print your letter to be placed in my file.
4. Attach this sheet to your letter before sending it, to help my designated department to identify your letter with my file.

Thank you in supporting my application.

_____ (I waive) _____ (I do not waive) my right to see this letter. If “waived” is checked, I waive my right to see this letter. I acknowledge that this letter is for the specific purpose of supporting my application for an Internship, Residency or Fellowship.

SIGNED: _____

Mailing Address:

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