



**Health Professions Advising Office
George Washington Early Assurance Program
Letter of Recommendation Waiver Form**



To be completed by the Student:

Name: _____	UM ID: _____
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In keeping with the University Policy on Disclosure of Student Records, as detailed in the Undergraduate Catalog:

- I waive my right to see this letter of recommendation.
- I do not waive my right to see this letter of recommendation.

Signature: _____ **Date:** _____

To be completed and mailed by the Recommender:

You have been asked to write a supportive letter of recommendation for the above-named student. It is asked that you comment on your relationship to the student, your knowledge of the student's academic abilities and/or your opinion of the student's potential and suitability for a career in medicine. Please be mindful of the following:

1. Please address your letter to "Committee on Admissions."
2. Please do NOT specify any one professional school as the student typically applies to more than one school. Mentioning medical school is most appropriate as the student may wish to use this letter in the future if GWEA doesn't work out.
3. This recommendation should be typed on letterhead with an original signature.
4. This recommendation should be no more than 2 pages in length.
5. Comment on any characteristics you think would contribute to success and completion of professional studies. Provide examples when possible. Please avoid a summary of the student's resume.
6. Please make sure that the student's name is spelled correctly and that pronouns refer correctly to the student's gender.
7. This letter must be received in the HPAO by **March 9, 2009**. Students have been advised to provide you with a month in which to complete this request.

Recommender: _____ Date: _____

Title: _____

Please return this form with your letter to:
Wendy Loughlin, M.A.
Health Professions Advising Office
0129 Chemistry Bldg.
College Park, MD 20742
301.405.7805