THE REED-YORKE HEALTH PROFESSIONS ADVISING OFFICE
COLLEGE OF CHEMICAL & LIFE SCIENCES

0129 Chemistry Building, College Park, MD 20742
Tel. 301.405.7805 Fax 301.314.1281

Letter of Recommendation Waiver Form

To be completed by the Student:

Name:	**E-mail:**	**UID:**

Profession of Interest: Dentistry: ☐ Medical: M.D. ☐ D.O. ☐ Optometry ☐ Podiatry ☐

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: _____**

Once letters are received, they will be posted on Blackboard, which is updated daily.

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. A copy of your letter will be mailed to admissions committees and may be used for other health-related applications, such as scholarships, post-bacc programs or graduate programs in the health sciences only. Please be mindful of the following:

1. Please date and address your letter to "Committee on Admissions."
2. Please do NOT specify <u>any one</u> professional school as the student typically applies to <u>more</u> than one school. Mentioning "medical" or "dental" school is most appropriate.
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. Attributes to consider are: academic strengths and weaknesses; honesty, integrity and responsibility; motivation and maturity; communication skills; problem solving abilities; leadership qualities.
6. Please make sure that the student's name is spelled correctly and that pronouns refer correctly to the student's gender.
7. The deadline for submitting letters of recommendation is **JUNE 1, 2009.** Students have been advised to request their letters well in advance of this deadline.

Recommender: _____ Date: _____

Title: _____ Email:_____

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