

FLORIDA ATLANTIC UNIVERSITY

Pre-Health Professions Office
777 Glades Rd, SE 43-ROOM 308
Boca Raton, FL 33431
Tel: 561-297-3307

Letter of Recommendation Form

Thank you for agreeing to provide a recommendation for one of our Pre-Health Professional students at Florida Atlantic University. Your input is greatly appreciated. Recommendation forms should be returned directly to the Pre-Health Professions Office. Please check with the specific department regarding their policy and provide accurate address information to the recommender. If the recommender is returning the recommendation form to you in a sealed envelope, it is helpful to provide a self-addressed, stamped envelope to that person. Be sure to include the **unopened** envelope(s) with your application material.

Return to applicant/department by (month/day/year): _____

Applicant Name (last, first)

Intended program of study and degree

Name of recommender

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

I _____ **waive** _____ **do not waive** my right to inspect the contents of this recommendation.
(By waiving your right, you will not be allowed to inspect the contents of the letter.)

Applicant's signature

To the recommender: We would appreciate your opinion of this applicant's potential for success in medical, dental program. How long and in what capacity have you known the applicant? Please comment on the applicant's academic ability and aptitude for advanced study in the field. Rate the applicant, if possible, on the chart on the next page. Please provide a letter of recommendation that describes the applicant's qualification for the chosen program. Your letter should be on official letterhead with an original signature. You can email the letter with this form attached to : preprof@fau.edu or you can mail the letter directly to the **Pre-Health Professions Office** using the following address: **777 Glades Rd, SE 43 ROOM 308, Boca Raton FL 33431.** You can also fax your letter to our office using our fax number: **561-297-3388.** Note that this letter will be sent to the student file as part of the application for admission to a medical, dental program. It is important that your statement be as complete and specific as possible. We pay careful attention to your appraisal, and we are grateful for your assistance.

Recommender _____ Signature _____
Date _____

Position _____ Institution _____

Address _____ -

E-mail _____ Fax _____
Phone _____

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Applicant Name (last, first) _____

Applicant Z number: -----

Recommender: please evaluate the applicant on the scale below in comparison with the others you have known during your professional career. Indicate the reference group you have in mind:

___ Undergraduate ___ Graduate ___ Employees ___ Colleagues ___ Other _____

	<u>Exceptional</u> (top 5%)	<u>Outstanding</u> (top 10%)	<u>Good</u> (top 15%)	<u>Average</u> (top 40%)	<u>Poor</u> (lower 50%)	<u>Unable to Assess</u>
Intellectual ability						
Critical Thinking						
Ability in oral expression						
Perseverance						
Written ability						
Interpersonal Skills						
Motivation for Medical/dental program						
Reliability						

Please make any additional comments you feel may be helpful in assessing the candidacy of the applicant.

Recommender _____
Date _____

Signature _____

Please seal your recommendation in an envelope, sign across the seal and mail to the applicant or to the Pre-Health Professions Office, as indicated in your instructions from the applicant. We appreciate your prompt reply.