



LETTER OF RECOMMENDATION

Applicant Information & Instructions:

The applicant needs to complete items 1 & 2; the applicant may sign item 3 if you wish to waive your right of access to this letter. Please give this form to a person well acquainted with your education and abilities.

1. Name of Applicant: _____
Last First M.I.

2. Advanced degrees sought in medicine and _____

3. (Optional): I hereby waive my right of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature

Date

Instructions To The Writer Of The Letter Of Recommendation:

A. Please attach a letter (preferably on your unit's official letterhead) that addresses the following criteria: rationale for combined study, potential for creativity and research (potential for original contributions), aptitude for leadership, demonstrated interest in public affairs or clearly defined social consciousness, commitment to achievement, and competence in interpersonal relationships. Please address these criteria in your comments about the candidate and provide further information or opinion as you see fit. If a letter previously written for the candidate already addresses the criteria appropriate for a joint discipline program and you wish to submit it instead of responding to part A, please attach the letter to this form and simply respond to part B below.

B. Using the following scale, please compare the candidate with other graduate and/or medical school applicants you have known.

- 0 – Inadequate opportunity to observe
- 1 – Outstanding (among the best applicants I have known)
- 2 – Superior (top 10% of applicants)
- 3 – Excellent (next 30% of applicants)
- 4 – Average (middle 30% of applicants)
- 5 – Below average (lower 30% of applicants)

- ____ Rationale for combined study
- ____ Potential for creativity and research
- ____ Commitment to achievement
- ____ Interest in public affairs/social consciousness
- ____ Aptitude for leadership
- ____ Competency in interpersonal relationships

Among the approximately _____ students I have known in recent years, I would rank this applicant in the upper _____ percent.

Signature

Date

Print Name

Position

Phone number

E-mail address

PLEASE SEND THIS FORM AND YOUR LETTER OF RECOMMENDATION DIRECTLY TO:
Coordinator, Medical Scholars Program, 125 Medical Sciences Building, 506 S. Mathews Avenue, Urbana, IL 61801