

## PREMEDICAL/PREDENTAL LETTER OF RECOMMENDATION

STUDENT NAME (as it will appear on the medical/dental school application) \_\_\_\_\_

The student named above has informed the Health Professions Advisory Committee that you are willing to provide the Committee with an evaluation of him/her. Your evaluation and those from others will be used by the Committee in its deliberations and formulation of a Committee Report to be sent to the professional schools to which the student applies. We wish to call particular attention to the "NOTE" below. While not required, we prefer that recommendations be confidential so that you may feel free to share with us your straightforward assessment of the applicant. If you wish your comments to remain confidential, it will be necessary for you to have the student sign the waiver.

**NOTE:** Under the provisions of the Family Educational Rights and Privacy Act of 1974, the individual requesting this recommendation or letter from you will have a right of access to it when it is placed in our files, unless he/she waives such right of access by signing and dating the waiver statement included below.

**Waiver Statement:** I, \_\_\_\_\_, hereby waive my right of access to this  
(Student Name, Printed)

confidential recommendation, or letter, written by \_\_\_\_\_, as provided for under  
(Print clearly name of person writing recommendation)

provisions of Section 438, Subsections (a) (1) (b) (iii) and (a) (1) (C) of the Family Educational Rights and Privacy Act of 1974.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO WRITER OF RECOMMENDATION:** Your thoughtful and straightforward completion of this form will provide significant assistance to the Health Professions Advisory Committee as it formulates a Committee Report to be sent to each institution to which the student applies. An indication is given in each item as to the traits being considered.

As soon as possible, please mail to: HPAC Chair  
222 Campus Center  
SUNY Oswego  
Oswego, NY 13126  
[prehealth@oswego.edu](mailto:prehealth@oswego.edu)

**PLEASE RATE THE APPLICANT (WITH A CHECK) IN COMPARISON WITH OTHERS WHOM YOU HAVE RECOMMENDED:**

|                                      | Superior | Excellent | Above Average | Average | Below Average | No Basis for Judgment |
|--------------------------------------|----------|-----------|---------------|---------|---------------|-----------------------|
| Ability in written expression        |          |           |               |         |               |                       |
| Ability in oral expression           |          |           |               |         |               |                       |
| Perseverance                         |          |           |               |         |               |                       |
| Emotional Maturity                   |          |           |               |         |               |                       |
| Imagination and Creativity           |          |           |               |         |               |                       |
| Effectiveness in working with others |          |           |               |         |               |                       |
| Empathy for others                   |          |           |               |         |               |                       |
| Intellectual Capacity                |          |           |               |         |               |                       |
| Overall Rating of candidate          |          |           |               |         |               |                       |

**Please indicate the situations in which you have known the student.**

Lecture course    Lecture/lab course    Internship/research    Counseling    Employment    Advisee

Other (Please describe): \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you feel as though you know the applicant?

Extremely well    Very well    Fairly well    Not well at all

Estimated of the number of students you have recommended for medical, dental, or other graduate school in the last 5 years: \_\_\_\_\_

**REMARKS:** Please include additional remarks on particular strengths and/or weaknesses of this student (or attach a letter).

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to HPAC Chair, 222 Campus Center, SUNY Oswego, Oswego, NY 13126.**