

PREMEDICAL/PREDENTAL LETTER OF RECOMMENDATION

This Part to be Completed by the Applicant

NAME, as given on the medical/dental school application: _____

The student named below has informed the Health Professions Advisory Committee that you are willing to provide the Committee with an evaluation of him/her. Your evaluation and others from additional instructors 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. 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: _____

_____ is applying for entrance into medical/dental school.

TO WRITER OF RECOMMENDATION: Your thoughtful completion of this form will provide significant help 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.

PLEASE MAIL OR GIVE THIS FORM TO YOUR RECOMMENDER

RECOMMENDER - As soon as possible, please mail to: HPAC Chair
 222 Campus Center
 SUNY Oswego
 Oswego, NY 13126

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.

A lecture course A lecture/lab course A laboratory Counseling Employment

Was my advisee (how long?) _____

Other (Please describe): _____

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.