



American University
College of Arts and Sciences
Premedical Programs

RECOMMENDATION REQUEST

TOP PART TO BE FILLED OUT BY APPLICANT

Applicant's Name: _____

Applying to: Medical _____ Dental _____ Veterinary _____ Other: _____ school.

I waive _____/do not waive _____ my right to examine the letter of recommendation written for me (if neither option is checked, "waive" will be the default) by:

(Name of Recommender)

A copy of this recommendation may also be used in support of my candidacy for prizes or awards for which I may be nominated, or for fellowships, grants or positions for which I may apply.

I give permission to the recommender to include my grade point average, grades, class standing and/or information regarding progress or deficiencies in the letter of recommendation.

(Signature of Applicant)

(Date)

BOTTOM PART TO BE FILLED OUT BY RECOMMENDER

(Signature of Recommender)

(Date)

(Title, Department and Institutional Affiliation of Recommender)

The student named above has requested that you write a letter supporting his or her application to professional school. Please include the student's name after the date, address your letter to "To Whom It May Concern", **print the letter on letterhead and sign it**. Please send the letter and this form to:

Dr. Lynne Arneson
Premedical Programs Coordinator
Hurst Hall
American University
4400 Massachusetts Ave NW
Washington DC, 20016

If desired, letters may be hand-delivered to Dr. Arneson in Hurst 111.

Recommendation play an important part in the professional school admissions process. If you feel that you do not know the above-named student well enough to comment on his or her character, maturity, intellectual ability and potential with some degree of depth, please convey this feeling to the applicant before undertaking the responsibility. Professional schools are interested in positive and negative impressions. Please be honest, as a balanced comprehensive statement carries greater weight than a bland or terse, but glowing letter.