Health Professions Advising Request for Letter of Recommendation

Name (Please Print)________________________________________  SUID ___________________________

**Letters from Recommenders MUST be received by May 1st before the summer in which you will apply.**
Please complete this form as soon as possible to give your recommender enough time to complete their recommendation by the deadline above. Recommenders will be asked to submit a recommendation for the field you indicated you were applying to on your Intent to Apply.

I am requesting a **Letter of Recommendation** from:

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<tr>
<th>Name and Title of Recommender</th>
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<tr>
<th>Campus/Office Address</th>
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<th>Email Address</th>
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My relationship with the Recommender is:

- ☐ Professor/Science
- ☐ Professor/Major
- ☐ Professor/Other
- ☐ Research/Internship
- ☐ Clinical Experience
- ☐ Community Service
- ☐ Employment
- ☐ Leadership
- ☐ Other ___________________________

I have known the Recommender since (indicate date(s)/course(s)): ___________________________

Current federal law provides that applicants may have access to material such as individual recommendations. Applicants may choose, however, to waive this statutory right. For further information you may inquire with Advising and Academic Support.

Select one:

- ☐ I **do** waive my right of access to the individual letters of recommendation.
- ☐ I **do not** waive my right of access to the individual letters of recommendation.

Signature* ____________________________________________ Date _________________________

*In typing your name in the Signature area, you are virtually signing the above document.

You are responsible for supplying accurate and complete information, checking your file to make sure recommendations have been received, and following up on recommenders who need a gentle reminder.