



Office of Pre-Health Professions Advising Letter of Recommendation Guidelines & Procedure for Submission

The Office of Pre-Health Professions Advising greatly appreciates your willingness to write a letter of recommendation on behalf of this applicant for professional school (e.g. Medical, Dental, Pharmacy, Optometry, Veterinary or Physician Assistant schools). Your letter will be scanned and sent electronically to professional schools. The applicant has indicated below that the letter is confidential.

General Guidelines for Letters of Recommendation:

- Address letters to the Admissions Committee for the respective program (e.g. Dear Medical School Admissions Committee).
• A one-page single spaced letter is preferable.
• Information regarding the student's extracurricular activities is included in their application. There is no need to repeat that information in your letter.
• When providing a student's grade, be sure to explain the context needed to interpret it. Professional schools have access to student's transcripts, but lack information on class standing, percent of A's, etc. Focus on the applicant rather than details about the lab, course, assignment, job or institution.
• Letters must be printed in a professional business format on university, company or personal letterhead (including contact information) and must be signed.

Items to Address in Content of Letter:

- How well and for how long have you known the applicant and under what circumstances did you have contact with him/her?
• What strengths and unique contributions does the applicant offer to the incoming class?
• How do you assess the applicant's motivation for medicine?
• Describe how the applicant has demonstrated any of the following:
- Critical Thinking
- Quantitative Reasoning
- Scientific Inquiry
- Desire to help others and serve society
- Communication Skills - written and oral.
- Social Skills
- Cultural Competence
- Teamwork
- Ethical Responsibility to Self & Others
- Reliability and Dependability
- Resilience & Adaptability to stressful or changing environments
- Capacity for Improvement
- Intellectual Curiosity
- Leadership
- Emotional Maturity

Applicant Information:

Name: _____ ID# _____

Signature: _____

I hereby waive my right of access to letters of recommendation submitted on my behalf by the Office of Pre-Health Professions Advising, under the Family Educational Rights and Privacy Act of 1974, as amended, 20 USC, Section 1232g and 228.093 Florida Statutes. I understand the signing of this statement is optional.

Recommender Information:

Name: _____

Class: _____ Semester Taken: _____

Department: _____

Please return this form with your letter to:

BY MAIL:

Florida International University
Office of Pre-Health Advising
11200 SW 8th Street, DM331A
Miami, FL 33199

BY EMAIL:

Scan your signed letter on letterhead and attach the file to your email message.

Send to: Preprof@fiu.edu