



LETTER OF RECOMMENDATION FOR ADMISSION

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Please copy this page for use by each recommender.

PLEASE TYPE OR PRINT

A. Instructions to the applicant: You must provide all information requested in Section A. Print your name as it appears on your application.

Name \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and if you are admitted and enrolled, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request.

OR

I do not waive my right of access to the letter of recommendation prepared in response to this request.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

B. Recommender: Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to your comments unless he/she has waived such access.

Please attach a letter with specific comments on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. Among approximately \_\_\_\_\_ people/students I have known in comparable fields, I would rank this candidate in the upper \_\_\_\_\_ percent.

The comparison group is: \_\_\_\_\_

3. After signing this form please mail to: Health Professions Education MA Program, c/o Brandy Church 965 Fee Road, Room A-325, East Fee Hall, Michigan State University East Lansing, MI 48824

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_