LETTER OF RECOMMENDATION

TO THE APPLICANT:

___________________________________________________________________________________________________________

Student’s Name (please print)  I.D. #  Expected year of Entrance

Under the Family Educational Rights and Privacy Act of 1974, Boston University students are entitled to access to letters of recommendation contained in their permanent educational records at Boston University. However, a student may waive this right of access to letters of recommendation. If this right of access is waived, letters of recommendation will be considered confidential and will not be available to the student. If you wish to waive your right of access to this letter of recommendation, please indicate that wish by signing your name on the line below the following statement:

I WAIVE MY RIGHT OF ACCESS to this recommendation and ask that Boston University hold it in confidence so that it is available only to the university and to the professional schools or related professional scholarship programs to which I apply.

Signed_____________________________________________  Date________________________________

If you choose not to waive your right of access, please indicate that wish by signing your name on the line below the following statement:

I DO NOT WAIVE MY RIGHT OF ACCESS to this recommendation.

Signed_____________________________________________  Date________________________________

______________________________

Print Name  Title  Department/Institution

Signed___________________________  Date_________________________

TO THE EVALUATOR:

Please assess the above named student’s intellect, personality, and character – particularly those qualities which bear on his or her promise as a physician, dentist, veterinarian, or health professional. It would be helpful to note the state of the student’s preparation for graduate study and ability to communicate and/or work independently. The listing of any special honors, awards, and unusual interests, abilities, and accomplishments that are of importance is also helpful. Please indicate how long you have known the student and list any courses in which you have taught the applicant. Your statement may be sent directly to health-related professional schools or scholarship programs or serve as the basis of a composite Letter of Evaluation.

We strongly encourage recommenders to submit their letters along with this form electronically as PDFs to hthrecs@bu.edu. Recommendations must include a signature and be submitted on your official letterhead. Alternatively, physical copies of recommendations may be submitted to: Boston University, Preprofessional Advising Office, 100 Bay State Road, 4th Floor, Boston, MA 02215. Letters of recommendation hand-delivered by applicants will not be accepted.

NOTE: Unless the applicant has signed the above statement of waiver, Boston University will NOT consider this letter of recommendation confidential.

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Print Name  Title  Department/Institution

Signed___________________________  Date_________________________