



## LETTER OF RECOMMENDATION

### TO THE APPLICANT:

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Student's Name (please print)	I.D. #	Expected Year of Entrance
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Recommender's Name (please print)	Title	Department/Institution
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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 or typing 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 or typing your name on the line below the following statement:

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### 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. Your letter may be sent to central application services or directly to health-related professional schools or scholarship programs.

Excellent guidelines for providing a meaningful assessment of an applicant's suitability for admission to health profession school can be found on <https://www.aamc.org/download/349990/data/lettersguidelinesbrochure.pdf>.

We strongly encourage recommenders to submit their letters along with this form electronically as PDFs to [hlthrecs@bu.edu](mailto:hlthrecs@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, 4<sup>th</sup> 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.