Letter of Recommendation Request for Medical/Dental School Applicant: _____________________________________________ (Applicant Name/Graduation Year/Major)

Date when the letter is needed: ___________________________________________________________________________________

How long and in what capacity have we known one another?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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____________________________________________________________________________________________________________
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Why am I the right person to write this letter?
____________________________________________________________________________________________________________
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The attached AAMC resource “Guidelines for Writing a Letter of Evaluation for Medical School Applicants” lists 15 core competencies. In the space below, pick 2-3 core competencies that you have demonstrated that I am able to elaborate on in this letter. Please provide specific examples.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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What examples, ideas, or themes do you want me to highlight in this letter?
____________________________________________________________________________________________________________
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____________________________________________________________________________________________________________

To whom should I address the letter? _____________________________________________________________ __________________

Where/how should I submit the letter? (include url if relevant) _________________________________________________________ (AMCAS, Interfolio, Health Professions Office, other)

*Optional (to be completed by the applicant and confirmed with the letter writer):
Please send me an email to let me know when the letter has been submitted: _______ Yes  _______ No (check one)
If indicated, use the following email address: _______________________________________________________________________
I will send a reminder a week before the letter is needed if it has not yet been submitted: _______ Yes  _______ No (check one)

*This is a tool to facilitate communication between potential letters of recommendation writers and health professional school applicants. Completing this form does not ensure that a requested letter will be written by any letter writer.*