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?
Why am I the right person to write this letter?
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 <i>specific</i> examples.
What examples, ideas, or themes do you want me to highlight in this letter?
To whom should I address the letter?
Where/how should I submit the letter? (include url if relevant)
*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:YesNo (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:YesNo (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.