Request for Letter of Recommendation to Healthcare Professional School
Due Date: April 1st

Letter requested by: _____
Applicant Name (print please)

To the Applicant: Please print your name above and sign below. It is helpful to provide your CV and a statement of purpose to those you ask to write on your behalf.

Current Federal law provides that students may review recommendations written for them. Applicants may also choose to waive this statutory right. If you wish to waive your right to review this recommendation, please sign below.

I, _____waive my right to review this recommendation

_____ Date:_____
(Sign here) (date)

To the author of this recommendation: Please read, attach letter and sign below.

All health professional schools in their evaluations give faculty and employer letters of recommendation serious consideration. On your own letterhead, please type a letter of recommendation which can be used by the Olin College Health Professions Advisory Committee. A copy of this recommendation will also be placed in the students file for use in support of candidacy for prizes, fellowships, grants or other positions for which this student may apply.

Professional schools look for information beyond the student's grade in a course or their class rank. These schools are more interested in letters emphasizing qualities which describe the student, both academically and personally, inside and outside the classroom. They are interested in leadership ability and relationship to peers in the lab or classroom. They want to know anything unique about this candidate, what they may have accomplished which makes them distinct from others. These comments are particularly poignant when they are supported by specific examples.

We appreciate your cooperation in writing a letter in support of this student and in meeting the deadlines imposed upon us by the professional schools.

Please sign below and attach your letter of recommendation. I have read and understand that in accordance with the Family Educational Rights and Privacy Act of 1974, this information is released to you with the condition that it will not be made available to any other party without the written consent of the student.

Author's Signature:_____Date:_____

Please return this form and your letter by April 1st to the address below:

Health Professions Advisory Committee
c/o Graduate School Advisor
Franklin W. Olin College of Engineering
Olin Way
Needham, Massachusetts 02492-1200