Health Sciences Letter of Recommendation Service

Letter of Recommendation Form for Students

Please complete this form, as well as the activities sheet and your personal statement.

1. Full Name:

2. Hometown (city and state):

3. Year in school (junior, senior, post-bacc):

4. Undergraduate Major

- ○ Athletic Training
- ○ Biomedical Sciences
- ○ Clinical Laboratory Science
- ○ Exercise Physiology
- ○ Speech Pathology
- ○ Biomedical Engineering
- ○ Biomechanical Engineering
- ○ Other (please specify)

5. 2nd Major or Minor(s), if applicable:

6. Cumulative GPA at this time:

7. Cumulative SCIENCE GPA at this time (please refer to the pre-health website for instructions on how to calculate this if you do not know how):

8. Date you are registered for the MCAT, DAT or GRE:

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9. NAMES OF RECOMMENDERS AND HOW YOU KNOW THEM (e.g. professor, research, supervisor...) Please review the letter requirements for each school to which you are applying. School requirements can vary, but most schools require 2 science professors (that you have had in class), a non-academic letter (e.g. doctor, dentist, employer), and one additional letter (e.g. a non-science professor that you have had in class).

1.
2.
3.
4.
5.

10. Date you plan to submit your primary application (it needs to be early June for pre-med or pre-dent students, regardless of when you plan on taking the MCAT or DAT or when your recommendations come in):

11. Type(s) of programs you will apply to (MD, DO, DDS, MD/PhD, early decision, etc.):

12. Schools to which you will apply: