



# Request for Letter of Recommendation General Purpose

Date: \_\_\_\_\_

(TO) Letter Writer: \_\_\_\_\_

(FROM) Student/Applicant Name: \_\_\_\_\_

KCUMB Program of Study: \_\_\_\_\_ Class of: \_\_\_\_\_

Student AAMC ID (Medical Student Only): \_\_\_\_\_ Student AOA ID: \_\_\_\_\_

**I am requesting that you write a letter of recommendation on my behalf for the following purpose:**

Scholarship Application                       Fellowship Application                       Employment

Non-ERAS Participant Residency Program                       Other: \_\_\_\_\_

**I have included the following documentation for your consideration when drafting my letter of recommendation:**

Resume and/or Vita                       Performance Evaluation(s)                       Personal Statement

**Specific Instructions:**

1. Include in the body of the letter whether or not I have waived my right to see this recommendation.
2. If I've indicated this letter is for a residency application, please include my name and my AAMC ID or AOA ID number, as listed above, in the subject line or body of the letter.
3. Please include in the letter how long you've known me and in what capacity; your perceptions of my intellectual capability, communication skills (oral and writing), quality of previous work (my ability to apply learned skills and to what level of competency), reliability, dependability and resourcefulness; and my motivation, initiative and assertiveness
4. Print the recommendation on letterhead paper and mail/fax to the following location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax the letter to: \_\_\_\_\_

Thank you for your willingness to support me in this endeavor. Your assistance is very much appreciated.

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I waive     I do NOT waive my right to see this letter.

I grant permission for the use and disclosure of my grades, class rank and/or other academic assessments for this recommendation letter.

If "waive" is checked, I waive my right to see this letter under the Family Educational Rights and Privacy Act (FERPA).

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**Student/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_