

FACULTY COMMITTEE ON HEALTH PROFESSIONS

Telephone: (631) 632-7080 Fax: 631-632-9259 E-mail: prehealth@stonybrook.edu



Stony Brook University

GRADUATE HEALTH PROFESSIONS LETTER OF RECOMMENDATION FORM

Please print and submit this completed form to the Pre-Professional Advising in the Office of Undergraduate Education E-3310 Melville Library, Stony Brook, NY 11794-3351 ~ (631) 632-7080 ~ Fax: 631-632-9259

To Be Completed By The Student

Name: _____ Chosen Profession: _____ Stony Brook ID: _____

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93-380 (as amended), with particular reference to section 438(a) (1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12:

I DO DO NOT waive my right of access to and review of this recommendation I am requesting.

(NOTE: If you check DO the evaluation will be confidential; if you check DO NOT the evaluation is NOT confidential.)

SIGNATURE: _____ DATE: _____

Please provide the following information about your Recommendation writer (respondent):

Writer's Name: _____ Title: _____ Institution & Dep't: _____

Email: _____ Phone: _____

Please CHECK one of the Following - YOUR RECOMMENDATION WRITER IS:

Instructor Course Number & Title _____ taken in the _____ semester of the year _____ .
Academic Advisor Employer Research Supervisor Volunteer Supervisor

Other (briefly describe): _____

- PLEASE GIVE YOUR RECOMMENDATION LETTER WRITERS AS MUCH ADVANCE NOTICE AS POSSIBLE; WE SUGGEST A MINIMUM OF 4 WEEKS.
- PLEASE INFORM YOUR RECOMMENDATION LETTER WRITERS OF APPLICATION DEADLINES UNDER WHICH YOU ARE OPERATING.

TO THE RECOMMENDATION WRITER:

Health professions schools will not accept handwritten letters. Please use a computer or typewriter. Please sign your letter. Letterhead is preferred.

This is a letter of recommendation for the student's admission to a graduate school of the health professions (please see the chosen profession above). Your comments on the applicant's intellect, character, community spirit, and other capabilities are very important. This letter is intended to be sent only graduate schools of the health professions or postbaccalaureate enrichment programs.

NOTE: If the student checked "DO" s/he is not entitled to see your letter. If the student checked "DO NOT" s/he is entitled to see the letter you have written. If neither "DO" nor "DO NOT" has been checked, this form should be returned to the student before you write the recommendation.

This form and the accompanying signed letter should be mailed to:

Pre-Professional Advising
Stony Brook University
E3310 Melville Library
Stony Brook, NY 11794-3351

Or faxed to:

(631) 632-9259

Or scanned and emailed to:

prehealth@stonybrook.edu

We suggest that you keep a copy of your letter because letters can occasionally go astray in the postal system. More information for recommendation writers is available at www.stonybrook.edu/dfY YUH .

If we can assist you with any questions or concern please call 631-631-7080

Please note: letters of recommendation from teaching assistants and graduate assistants should be countersigned by a supervising professor. Thank you!