Temple University

Pre-Professional Health Studies (PPHS)

PROFESSIONAL SCHOOL RECOMMENDATION REQUEST

To be completed by STUDENT:

Please fill in the required information, sign and submit this form to the person from whom you are requesting a recommendation.

Name:_____ **TU ID#:**_____

Email Address:_____ **Phone#:**_____

Address:_____

Street City State Zip Code

Recommendation Letter Request for (Circle One)**:** ***Medicine*** ***Dentistry*** ***Podiatry***

For the entering class of _____

NOTE:

(1) Recommendations for Pharmacy, Optometry, Veterinary Med, Physical Therapy, Occupational Therapy, and Physician Assistant Programs should be submitted directly to the application service or to the individual schools as per their specifications.

(2) Recommendation letters for other schools/programs such as Post Bac or Graduate School should be sent by letter writers directly to the program. Any exceptions need prior approval from the PPHS.

(3) You must complete the committee interview process in order for PPHS to send letters of recommendation out on your behalf.

I authorize _____

Name Title Department

to write a letter of recommendation on my behalf.

Please check below whether or not you wish to waive your rights to see your recommendations. Keep in mind that academic officials place more confidence in appraisals which you have not seen. Letters not waived will not be handled through this office.

I DO _____ I DO NOT _____ waive my right to see the following recommendation **("I DO WAIVE" means you cannot see your recommendation. "I DO NOT WAIVE" means you can see your recommendation).**

Student's signature:_____ **Date:** _____

To be completed by AUTHORIZED PERSON WRITING RECOMMENDATION:

NOTE: Please type your recommendation on letterhead, addressed to "*Dear Admissions Committee*". Content within letters should be generic and applicable for all professional programs of interest. Please do not specify program names i.e. Temple School of Medicine, MD/Ph.D programs, etc. in your recommendation letter.

Please send the signed, original letter (hard copy) along with this completed form to:

Pre-Professional Health Studies
Mitten Hall, Suite 110
Temple University, Philadelphia, PA 19122

Letters of Recommendation can also be submitted via e-mail to pphsdocuments@temple.edu by the letter writer ONLY.

Name: _____ Title: _____ Dept:_____
(Please Print)

Email: _____ Date: _____ Name of Institution:_____