

STUDENT WAIVER FORM

Recommender Name: _____ Title: _____

Mr. /Ms. _____ requests that you prepare a statement concerning his/her potential in terms of success in a health profession. The individual for whom you have been asked to write a letter of recommendation is an applicant for medical or dental school admission. The letter you write for this person will be sent to professional schools and will have a significant bearing on the decision regarding his/her admission. Since professional schools are in possession of the applicant's academic credentials, you can help most by addressing the following points along with any other information you would like to provide.

I hereby give permission to release information regarding my attributes, preparedness for the health professions and academic performance to be included in this letter.

Student's Signature: _____ Date: _____

Please attach your letter to this form and forward it to the address below. Our office will then forward the letter to professional schools that request it. For questions, please call 480.965.2365 or email prehealth@asu.edu.

SUGGESTIONS FOR WRITING THE LETTER OF RECOMMENDATION

- Address the letter "Dear Admissions Committee"
- Interview the student for insight into their personal attributes and characteristics
- Request their personal statement and/or a biography so you are more familiar with their circumstances and motivations for pursuing medical or dental school
- How long and in what capacity have you known the student?
- What particular characteristics have you observed which you feel might lend them to being a good addition to the medical or dental profession
- How does the student handle stressful situations
- How would you assess the student's emotional maturity
- What extracurricular activities is the student involved in
- How have you observed the students' growth

Please note: Your letter must be signed, on letterhead of your organization, and should be sent directly to this office. Medical and dental schools require signed letters to be furnished on letterhead for review.

If the student waives his/her right of access, your letter will be held in the strictest confidence. If the student wishes to retain access, a copy of your letter may be provided upon request.

____ I hereby waive my right of access to this evaluation and understand that the contents of the evaluation will not be available to me now or at any future time

____ I wish to retain my right of access to this evaluation

Student's Signature: _____ Date: _____

**Pre-Professional Advising Office
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