



## Reference Letter Request Form for MS in Biomedicine Students

Date \_\_\_\_\_ Application Year \_\_\_\_\_

Name \_\_\_\_\_

Type of health school applying to \_\_\_\_\_

Type of letter needed:	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee
Faculty requested:	1.	1.
	2.	2.
	3.	3.

☐ I authorize the release of academic and personal information, including grades and GPA information to be included in my reference letter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I waive my right to access the reference letter that will be written on my behalf.

☐ I do not waive my right to access the reference letter that will be written on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_