

**Duke University
Office of Health Professions Advising
Recommendation Form**

THIS PART TO BE COMPLETED BY THE STUDENT/APPLICANT

Directions: Students (applicants) please print this form, complete the top portion, and give a copy to each of your recommenders.

EVALUATION FOR _____ GRADUATION DATE _____
Student/Applicant

As part of my application to medical, dental, veterinary, or _____ school (circle one), I am requesting your written evaluation. Your letter/comments will become part of a composite letter that is prepared and transmitted verbatim to one or more professional schools by the Office of Health Professions Advising at Duke University.

Under the Family Educational Rights and Privacy Act (FERPA), I may inspect this evaluation unless I explicitly waive this right.

- I waive my right to inspect this letter of evaluation at any time.
- I do not waive my right to inspect this letter of evaluation at any time.

Signature of Student/Applicant Date

THIS PART TO BE COMPLETED BY THE RECOMMENDER

TO THE EVALUATOR: We would appreciate receiving an informative letter on your departmental or institutional stationery, bearing the date, your signature, and your title. Please comment on the applicant's: 1) Academic strengths and weaknesses; 2) Honesty, integrity, and responsibility; 3) Motivation and maturity; 4) Communication skills; 5) Problem solving abilities; 6) Leadership characteristics; and 7) any other pertinent qualities or characteristics. Please attach your letter to this form so that we may record the status of the privacy waiver and your recommendation rating (see below). This form will be held on file in the HPA office. A photocopy of your letter will be forwarded to the admissions committees specified by the applicant. Letters may be addressed to the Office of Health Professions Advising at the address below. Thank you.

Letters of evaluation and this form are due in the HPA office by JUNE 1ST OF THE APPLICATION YEAR. Since most health professions schools accept applicants on a rolling admissions basis, it is critically important that evaluators submit promised letters in a timely fashion.

RECOMMENDATION RATING

- Recommend with Enthusiasm
- Recommend with Confidence
- Recommend
- Recommend with Reservation
- Not Recommended

Signature of Evaluator

Name and Title

Department/Division

Institution/Company

City, State, and Zip Code

Please Return Evaluation To:
Dr. Daniel Scheirer
Office of Health Professions Advising
Duke University, Box 90049
Durham, NC 27708-0049
919-684-6221 (office) | 919-660-0488 (fax)
prehealth@duke.edu

Date