Section 1 – To be completed by the student

Name of student_______________________________________________ Class________
Name and title of recommender__________________________________________
Organization of recommender_____________________________________________

I understand that a copy of the recommendation attached to this statement will be forwarded, at my request, to the admissions offices of professional schools of the health sciences. A copy of this recommendation may also be used in support of my candidacy for prizes or awards for which I may be nominated, or for fellowships, grants, or positions for which I may apply. I specifically grant the recommender permission to include my grade point average and grades in the recommendation. (This statement is provided in connection with the Family Educational Rights and Privacy Act of 1974.)

Check one:
_____ This is a confidential recommendation and will not be made available to me without the prior consent of the author of the recommendation
_____ I retain my right of access to this letter of recommendation

Signed_________________________________________________________ Date________________

Section 2 – To the Recommender

Please sign and date this form and then return this form with your letter. Please find the guidelines for composing and submitting your letter below.

Recommender’s signature_________________________________________ Date________________

All letters should be addressed generally (i.e. ‘Dear Admissions Committee’) and should appear on letterhead with a scanned or handwritten signature. Please use the naming format "student Last Name, student First Name LOR Your Last Name". Please send your letter with this completed form and email it to the Health Professions Advising Office (hpao@brynmawr.edu) or mail to:

Bryn Mawr College
Health Professions Advising Office, Canwyll House East
101 N. Merion Ave., Bryn Mawr, PA 19010-2899.

In your letter of recommendation, please explain your relationship to the candidate with reference to how you know him/her and in what capacity you have interacted. If applicable, please comment on the following if you have observed the behaviors directly:

Personal attributes
• Ethically responsible to self and others, honesty, integrity, social responsibility and service orientation
• Motivation for the health career chosen
• Ability to communicate and work collaboratively as part of a team
• Professionalism and personality; maturity, reliability, compassion, flexibility, independence, self-reliance, sense of humor, leadership
• Sensitivity to others of diverse backgrounds; ability to work with a diverse population
• Resilience and adaptability

Academic (if applicable)
• Academic performance and ability
• Intellectual curiosity; skills in research, critical thinking, quantitative reasoning and scientific inquiry
• Rigor of the course(s) taken with you
• Distinctive contributions this applicant has made
• Attitude and approach to course activities in and outside of class
• Group or teamwork skills