

**Section 1 – To be completed by the student** (please print clearly)

Name of student \_\_\_\_\_ Class \_\_\_\_\_

Preferred Pronoun: He/Him/His \_\_\_\_\_ She/Her/Hers \_\_\_\_\_ They/Them/Theirs \_\_\_\_\_

Name and title of recommender \_\_\_\_\_

Organization of recommender \_\_\_\_\_

Recommender's email address \_\_\_\_\_

I understand that a copy of the recommendation attached to this statement will be forwarded, at my request, to the admissions offices of health sciences professional schools. 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

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

**Section 2 – To the Recommender**

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

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Pronoun: He/Him/His \_\_\_\_\_ She/Her/Hers \_\_\_\_\_ They/Them/Theirs \_\_\_\_\_

**All letters should be addressed generally (i.e. "Dear Admissions Committee") and should appear on letterhead with a scanned or handwritten signature.** We ask that you use the naming format "Student Last Name, Student First Name LOR Your Last Name". (Smith, Maggie LOR Jones)

**Please email your letter with this completed form to the Health Professions Advising Office at [hpao@brynmawr.edu](mailto:hpao@brynmawr.edu)** If email is not an option, it can be mailed to: Bryn Mawr College, Health Professions Advising Office, Canwyll House East, 101 N. Merion Ave, Bryn Mawr, PA 19010-2899

In your letter, please explain how you know them and in what capacity you have interacted. We ask that you observe the student's pronoun preferences selected above. Please note, if the student has checked the confidential box above, the letter content should not be shared with them.

If applicable, feel free to 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

We call your attention to these guidelines, which offer advice for writing recommendations for pre-health students.

<https://students-residents.aamc.org/advisors/guidelines-writing-letter-evaluation/>