Pre-Medical Recommendation Letter

APPLICANT:
1. Type the requested information about yourself in the blanks below.

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Banner/Student ID</th>
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</thead>
</table>

2. The Family Rights and Privacy act of 1974 gives you the right of access to a letter of recommendation written about you. The law also allows the applicant the privilege to waive the right of access, an action which may enhance the integrity of recommendation and references. No school, however, can require an applicant to sign such a waiver. Please indicate below whether you choose to waive or exercise your right.

☐ I choose to “exercise my right to access” the attached Letter of Recommendation.
☐ I choose to “waive my right to access” the attached Letter of Recommendation.

Applicant’s Signature:

Recommender’s Comparative Assessment: Based on your knowledge of the student, please complete the checklist below.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<tbody>
<tr>
<td>Quality of Work</td>
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<td>Reliability</td>
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<td>Personal Honesty</td>
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<td>Sensitivity to Others</td>
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<td>Communication Skills</td>
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Recommender’s Name (print):

Position/Title:

Date:

Recommender’s Signature:

(See Back)
Recommender’s Narrative Comments: Please type your assessment of this student’s qualifications, promise, and suitability on a separate sheet of paper, preferably with a letterhead. This form will serve as a coversheet. In addition, please supply us with your contact information on either the letter or this coversheet.

IMPORTANT: This letter must be mailed or delivered by the evaluator in a sealed envelope regardless of whether the student chooses to waive or exercise his/her right to access this letter. This is to ensure and to protect the validity of the letter. Letters delivered by the student will not be accepted.

Please address this letter to a general audience as it will go to many different schools. Return your letter of recommendation with this cover sheet directly to:

Pre-Med Credentials
WSU Pre-Health Advising Center
1600 Undergraduate Library
Wayne State University
Detroit, MI 48202

Questions can be sent to: recletters@wayne.edu.