

Pre-Health Recommendation Letter

APPLICANT:

1. Type the requ		on about yourself	on the lin	e below.			
Last	First		MI	Bann	ner/Student ID		
recommendar right of acces school, howe you choose to	tion written about ss, an action which wer, can require to waive or exerci-		also allows the integrit ign such a	s the applican ty of recomm waiver. Plea	t the privileg endation and se indicate be	e to waive the references. No clow whether	
		right to access' tight to access' ti					
Applicant's Sign	ature:						
Recommender's complete the che		Assessment: I	Based on y	your knowled	lge of the stu	Ident, please	
	Exceptional	Outstanding	Good	Average	Average	Judgment	
Quality of Work							
Reliability							
Personal Honesty							
Sensitivity to Others Communication							
Skills							
Recommender's	Name (print):						
Position/Title:							
Date:							
Recommender's	Signature:	(6	Do al-\				
		(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 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-Med and Health Science Center 1600 Undergraduate Library Wayne State University Detroit, Michigan 48202

Questions can be sent to Deanna English at recletters@wayne.edu