

# Idaho State UNIVERSITY

## LETTER OF RECOMMENDATION COVER SHEET

**Release of Access:** Letters of recommendation are generally considered confidential. Students must specifically waive, or refuse to waive, their right of access to such letters. If he/she does not waive the right of access to such statements, it is the student's responsibility to inform the letter writers whether the preprofessional school may receive and maintain the letters or statements in confidence. The student must select one of the choices below concerning the right of access.

**Waiver of Access:** I understand that letters of recommendation concerning me are to be received and maintained in confidence by the preprofessional school for admission to their program. I hereby expressly waive any and all rights of access that I might have to these letters of recommendation and other evaluations under the Family Education Rights and Privacy Act of 1974, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review these letters or other evaluations and the right to have copies of the letters or other evaluations made for my use.

**Denial of Waiver:** I do not agree to the above statement regarding my right of access to letters of recommendation or other evaluations written in support of my application for admission to the preprofessional school. I have informed all individuals who will write letters on my behalf that those letters or other evaluations will not be held in confidence.

Print Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Program (circle one) Medicine Dentistry Other (write-in) \_\_\_\_\_

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Name of Letter Writer: \_\_\_\_\_ Title: \_\_\_\_\_

**Instructions:** The letter you have been asked to provide will become a very important part of the student's application for admission to a professional school. This evaluation will supplement the student's academic record and assist the health professions admissions committees in making difficult choices regarding the selection of the most capable student for their programs. Your thorough and candid evaluation of this student will be greatly appreciated.

Regarding confidentiality please verify that the student signed the above **Release of Access** statement which indicates whether or not right of access has been waived. The student has the legal right to inspect your evaluation if right of access has not been waived.

It is important that you clearly indicate if you taught or supervised the student.

Consider the student as your future physician, dentist, etc., and evaluate him/her in that context.

- **Length of time you have known the student**
- **Character and personality traits observed:** initiative, integrity, dependability, perseverance toward goals, ability to multi-task, maturity, ability to criticize and accept criticism, ability to be self-critical, emotional stability.
- **Interpersonal/Communication skills:** articulation and clarity of expression, manner of relating to others, leadership skills, interest in people, sensitivity to the needs of others, ability to exchange ideas.
- **Intellectual traits:** native intelligence, curiosity, abilities in creative and independent thinking, ability to write and speak, interest in complex ideas and concepts, problem solving ability.
- **Distinguishing characteristics:** both positive and negative.
- **Evaluation of candidate's performance:** if the applicant has worked under your supervision, an evaluation of his/her performance in that situation is appreciated.
- **A candid opinion of the likelihood of the student's success** in his/her designated health profession is appreciated.

You may address the letter "To whom it may concern" or "Dear Admissions Committee". Please type and print your letter on your letterhead stationery, and return it **along with this form** (do not staple or paper clip) to the address below. The letter will be placed in the student's recommendation file and later copied and mailed to the professional schools to which the student is applying.

**Mailing Address:** Kari Peterson  
Prehealth Advising  
Idaho State University  
921 S 8<sup>th</sup> Ave STOP 8007  
Pocatello, ID 83209