



Post-Baccalaureate Pre-Health Programs Recommendation Form

To be completed by applicant before recommendation form is given to the recommender:

Name Last (Family) name Given name Middle name

I am requesting a recommendation from (name of recommender) to be added to my application file at the University of Pennsylvania as per my rights under the Family Educational Rights and Privacy Act of 1974.

CHECK ONE:

- It is my desire that this recommendation be CONFIDENTIAL; that is, I wish to waive any rights of access to this recommendation, once received by the University of Pennsylvania.
It is my desire that this recommendation be NON-CONFIDENTIAL; that is, I wish to retain my right of access to this recommendation; this statement is to be so designated by the University of Pennsylvania.

Applicant's Signature Date

This recommendation will be treated as CONFIDENTIAL (closed to the applicant) or NON-CONFIDENTIAL (open to the applicant) according to the applicant's decision as indicated above. If the applicant has not indicated that the recommendation is to be confidential or non-confidential, please do not complete the appraisal; return it to the applicant.

To be completed by the recommender:

Please attach your typed letter of recommendation to this form. Academic program advisors will be guided by your appraisal of this applicant. Please state how long and in what relationship you have known the applicant. Please comment on any of the following factors which are relevant to the applicant's goals, as he or she has discussed them with you: academic or job performance, research, motivation, talents, potential, leadership and other relevant qualities.

NAME OF RECOMMENDER (PLEASE PRINT):

SIGNATURE: DATE:

TITLE/DEPARTMENT:

RELATIONSHIP TO APPLICANT:

TELEPHONE: EMAIL:

Send the completed recommendation in a sealed envelope to the applicant. If this is not possible then mail directly to:

UNIVERSITY OF PENNSYLVANIA
PRE-HEALTH PROGRAMS
COLLEGE OF GENERAL STUDIES
3440 MARKET STREET, SUITE 100
PHILADELPHIA, PA 19104-3335