

Health Sciences Advisory Committee Letter of Recommendation

To the student: Please complete all of the following items before submitting this form to the person serving as your reference.

Last Name _____ First _____ Middle _____

Major: _____ Graduation Date: _____

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, P.L. 93-380 (as amended), with specific reference to Section 438(a)(1)(B) and Subtitle A, sections 99.7, 99.11 and 99.12, I request that this letter remain: (Check one of the following.)

_____ **CONFIDENTIAL** and the contents held in confidence by the officials of SMCM.
I hereby waive any rights I may have to examine it.

_____ **NON-CONFIDENTIAL** I hereby reserve the right to review it.

Signature of Student _____ Date _____

Statement of Recommendation

Instructions: The person whose name appears above asks that you submit a recommendation in his/her behalf. Please answer **any** of the following questions as they pertain to your knowledge of this student's special abilities and interests, academic strengths, character and personal qualities as they relate to their pursuit of admission into a health-related graduate or professional school program. Letters may be typed on a separate sheet or letterhead and attached to this form.

How long have you known this student?

If you have served as this student's instructor, please list the course(s) they have had with you.

Describe this student's performance in your classroom or laboratory. Specifically, please describe any particular strengths that will serve this student well in graduate work in the health sciences. A few sentences illustrating one or two *specific* examples provides detail to committee letters that often distinguishes our students from other applicants. Where possible please comment on this student's initiative, attention to detail, ability to solve problems, think independently and work in teams.

Has this student demonstrated leadership ability? Please illustrate with a specific example.

If you have served as this student's research or internship adviser, please describe his or her responsibilities and performance in your laboratory, office or work environment. Again, specific details describing a particular assignment or task in relation to this student's initiative, attention to detail, ability to solve problems, think independently and work in teams, is more helpful to the student than general phrases of praise.

Please describe any personal characteristics this candidate possesses that will serve them well as a health care provider.

Please describe any particular weaknesses the student should address prior to applying for or entering graduate work in the health sciences.

Would you feel comfortable having this student as your health care provider? Please explain.

Please list three words that you feel best describe this student.

Please return this letter to: Dr. Karen Crawford, Chair, Health Sciences Advisory Committee, Department of Biology, St. Mary's College of Maryland, 18952 East Fisher Rd., St. Mary's City, MD 20686

Questions? Please contact me, Dr. Karen Crawford at 240-895-4598 or hsac@smcm.edu

THANK YOU FOR HELPING OUR STUDENTS!

Signature _____ Address _____

Name _____ email _____
Please type or print

Title _____ Telephone _____ Date _____