



**Pre-Professional Recommendation Form
Application to Medical School**

Student Name: _____

I give _____ permission to write a letter of recommendation for my application to medical school.

<p>____ YES: I waive my right to review a copy of this letter at any time. I understand it can be used for application to medical school only.</p> <p>____ NO: I do not waive my right to review a copy of this letter at any time. I understand it can be used for application to medical school only.</p>	<p>____ YES: I give permission for release of all information, academic and nonacademic, as the recommender sees fit to include.</p> <p>____ NO: The recommender may not include titles, grades, and cumulative GPA of the courses I took from him/her or provide details of my research, shadowing, or volunteering experience.</p>
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TO THE EVALUATOR: This evaluation will be maintained in the student’s file for three years, be reviewed by the Pre-Professional Advisory Committee, and forwarded verbatim to professional schools. Please use official letterhead if possible.

Please return completed form(s) no later than September 24th, 2021 to:

Pre-Health Advisor, 107 Scates Hall, The University of Memphis, Memphis, TN 38152, or by email to cwsacks@memphis.edu (Go paperless if possible!)

	Outstanding Top 5%	Very Good Next 10%	Good Upper 25%	Average	Below Average	Don't Know
Intellectual Curiosity						
Capacity for Analytical Thinking						
Written & Oral Communication						
Ability to Work with Others						
Integrity & Ethics						
Reliability & Dependability						
Social & Interpersonal Skills						
Service Orientation						
Resilience & Adaptability						
Overall Rating						

Please provide any additional comments on signed letterhead.

Signature _____
Title _____

Date _____
Institution/Company _____