

BOWDOIN COLLEGE

HEALTH PROFESSIONS ADVISING

4901 COLLEGE STATION
BRUNSWICK, ME 04011-8440

Recommendation Request and Waiver

TO THE CANDIDATE:

A reference request and waiver form must accompany each letter of recommendation in your health professions credential file. Please provide the information requested below before giving this form to your evaluator. We encourage you to sign the following waiver; most health professions admissions committees prefer that letters of recommendation be confidential.

Name of candidate _____ Class year _____

Type of program to which applying _____

Name and title of evaluator _____

Association of evaluator with candidate _____

I hereby voluntarily and irrevocably waive all rights of access, as conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, to the letter of recommendation written on my behalf by the individual identified above.

Signature of Candidate _____ Date _____

TO THE EVALUATOR:

Thank you for agreeing to write a letter of evaluation in support of this candidate's application to the health profession program indicated above. Your recommendation will be used only for this purpose and for related scholarships. **Please submit your comments on your own letterhead, attached to this form. Kindly remember to date and sign your letter, and to include your full title.**

Recommendations play a vital role in the admissions decisions at all health professions programs. Your thoughtful comments will be greatly appreciated. If you anticipate being unable to complete your letter of support **within two weeks** of receiving this form, please discuss with the candidate a realistic completion date.

A few tips:

- Recommendations may be addressed to "Members of the Admissions Committee" or may simply include "Recommendation on behalf of [name of candidate]" at the top.
- The admissions readers are interested in the performance of the applicant in comparison to that of his/her peers, and what you perceive to be the most noteworthy attributes of this candidate. What qualities have you observed that you feel suit this individual for a career in health care? It is helpful to provide an example of a situation in which the candidate demonstrated these characteristics.
- The candidate will have an opportunity to describe extracurricular and work experiences in the application, so it is not necessary to reiterate the content of the applicant's resume in your letter.
- For those asked to write on behalf of multiple Bowdoin medical school candidates, please be aware that these individuals will likely apply to many of the same schools. Typically one admissions officer at the medical school oversees all Bowdoin applications, so it is especially important that your comments be both insightful and original!

From off-campus, please mail to:

Office of Health Professions Advising
Bowdoin College
4901 College Station
Brunswick ME 04011-8440

From on-campus:

Health Professions Advising

After all references on behalf of a candidate have been received, the Health Professions Advisor will incorporate excerpts from the recommendations into a composite/committee letter, to which copies of the individual letters of recommendation will be attached. Credential packets are mailed to the schools at the request of the applicant. Should you have any questions, please don't hesitate to contact the Health Professions Advisor, Sue Livesay, at (207) 725-3627 or slivesay@bowdoin.edu. Again, many thanks for your support of this candidate!