Request for Letter of Recommendation to Healthcare Professional School
Due Date: May 1st 2013

Letter requested by: __________________________________________

Applicant Name (print please)

To the Applicant: Please print your name above and sign below. It is helpful to
provide your CV and a statement of purpose to those you ask to write on your behalf.

Current Federal law provides that students may review recommendations written for
them. Applicants may also choose to waive this statutory right. If you wish to waive
your right to review this recommendation, please sign below.

I, _____________________________ waive my right to review this recommendation

____________________________________ Date:____________
(Sign here) (date)

To the author of this recommendation: Please read, attach letter and sign below.

All health professional schools in their evaluations give faculty and employer letters of
recommendation serious consideration. On your own letterhead, please type a letter of
recommendation which can be used by the Olin College Health Professions Advisory
Committee. A copy of this recommendation will also be placed in the students file for
use in support of candidacy for prizes, fellowships, grants or other positions for which
this student may apply.

Professional schools look for information beyond the student’s grade in a course or their
class rank. These schools are more interested in letters emphasizing qualities which
describe the student, both academically and personally, inside and outside the classroom.
They are interested in leadership ability and relationship to peers in the lab or classroom.
They want to know anything unique about this candidate, what they may have
accomplished which makes them distinct from others. These comments are particularly
poignant when they are supported by specific examples.

We appreciate your cooperation in writing a letter in support of this student and in
meeting the deadlines imposed upon us by the professional schools.

Please sign below and attach your letter of recommendation. I have read and understand
that in accordance with the Family Educational Rights and Privacy Act of 1974, this
information is released to you with the condition that it will not be made available to any
other party without the written consent of the student.

Author’s Signature:______________________________________ Date:____________

Please return this form and your letter by May 1st 2013 to the address below:

Health Professions Advisory Committee
c/o Graduate School Advisor
Franklin W. Olin College of Engineering
Olin Way
Needham, Massachusetts 02492-1200