Health Professions Applicant Letter of Recommendation Request Form

Applicant’s Name ____________________________________________________________

Recommender’s Name _______________________________________________________

Health Profession Application:   Medical   Dental   Other ________________________________

I hereby □ WAIVE □ DO NOT WAIVE my right to access this letter of evaluation.  
(Applicant Check One)

__________________________________________________    _______________________
Applicant’s Signature                                      Date

TO THE RESPONDENT:
Your candid evaluation of this student’s abilities and potential will greatly aid the Health Professional School in their evaluation of the applicant. Your letter will be included in a packet of materials that will be forwarded to the schools to which the student applies. If a student elects to waive the right to read the letter, all attempts are made to maintain confidentiality.

***Please print or email your comments on your departmental letterhead before sending***

Most Helpful
1. Relationship between the applicant and referee: extent of knowledge about applicant and specific examples about behavior.

2. Information on personal characteristics of applicant, including: integrity, honesty, reliability, professionalism, determination, leadership & motivation. As well as cultural competence.

3. Strengths and weaknesses, including narrative & global comparison with other applicants or students you have taught. (critical thinking/written communication)

4. Description of applicant’s social skills, including: interpersonal skills, ability to interact in groups and establish peer relationships.


Least Helpful
1. Repetition of information from applicant, including: grades, test scores, nonacademic accomplishments listed elsewhere.

2. Unsubstantiated superlatives or vague generalities; use of accolades and broad praise without supporting examples.

3. Comments regarding grades in one particular class; detailed description of performance in one course without giving insight into intellectual ability, motivation or pertinent characteristics.

4. Lack of a strong relationship between applicant and letter writer; letters that conveys lack of first hand acquaintance.

5. Inclusion of irrelevant information, including: overly detailed descriptions of research, religious beliefs, or hearsay.

Please email/mail your letter to:  Health Professions Advisor, Academic Advising Center  
100 Mussafer Hall, New Orleans, LA  70118-5680  
Kathleen Maier (kmurphy@tulane.edu) or Bradford Rhines (brhines@tulane.edu)