Health Professions Applicant Letter of Recommendation Request Form

Applicant’s Name ________________________________________________________________

Recommender’s Name ____________________________________________________________

Health Profession Application:   Medical   Physician Assistant   Veterinary   Dental

(Please circle one)    Physical Therapy   Optometry   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 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.

3. Strengths and weaknesses, including narrative & global comparison with other applicants or students you have taught.

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

5. Academic performance of applicant--describing academic aptitude and scholarship in a manner not addressed in application.
   Clarification of unique circumstances.

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
218 Richardson Building, New Orleans, LA  70118-5680
Kathleen Maier (kmurphy@tulane.edu) or Sarah Withers (swithers@tulane.edu)