

Medical Careers Advisory Committee  
 School of Science  
 The College of New Jersey

Recommendation for: (name) \_\_\_\_\_  
 Application Cycle: (intended start at med school): \_\_\_\_\_  
 Indicate Program Type: MD DO Other: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

## Recommendation Letter Request Form

**To Be Completed by the Student:**

*"In accordance with FERPA, I authorize my evaluator and the Medical Careers Advisory Committee (MCAC) to write and finalize a recommendation letter on my behalf which may disclose the following educational records: courses, grades, gpa, class rank, written evaluations, honors and awards, and disciplinary action(s). I have requested that this letter be included in my application to med school. Furthermore, I waive my right to see the contents of the letter written in response to this request."*

Name _____	Signature _____
Address _____	Cell Phone _____
_____	Home Phone _____
	Email Address _____

**To Be Completed by the Evaluator:**

This student is requesting that you write a letter of recommendation on their behalf for admittance into graduate level study at a medical or health-related professional school. Please complete the attached assessment, and then write your candid evaluation of this student **in a separate document, printed on letterhead and signed**. Where possible, cite specific examples of demonstrated academic ability and personal traits (please see the back of this sheet for more specific characteristics that can be addressed). Would this student make both a good professional student and practitioner?

I would recommend this student: \_\_\_\_\_ with enthusiasm      \_\_\_\_\_ with confidence  
 \_\_\_\_\_ with reservation      \_\_\_\_\_ I do not recommend

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (if we need to contact you): \_\_\_\_\_

I give permission for the MCAC to excerpt all or part of my written comments. \_\_\_\_\_ (initial)

Then send both pages of this form (this sheet and chart) with your **letter of recommendation** to:

Dr. Sudhir Nayak, Chairperson, Medical Careers Advisory Committee

Dept of Biology, The College of New Jersey, PO Box 7718, Ewing, New Jersey 08628-0718

**Please print your letter on appropriate letterhead, and be sure to sign it.** (If the med school needs a copy of the actual letter of rec, they will not accept one without a signature or letterhead.) Additionally, **please send an electronic copy of the letter** to [mcac@tcnj.edu](mailto:mcac@tcnj.edu). Your comments will most likely be incorporated **as written** (cut and pasted) into a composite letter written on behalf of the student and forwarded to the appropriate professional schools. *The attached form will NOT be sent to professional schools.* On behalf of the student and the Medical Careers Advisory Committee, we thank you for your taking the time to assist us in this very important process.

Please complete this chart, indicating your assessment of the student's academic abilities and personal characteristics. *(This chart will NOT be forwarded to professional schools)*

	Outstanding	Very Good	Above Average	Average	Below Average	Inadequate Opportunity to Observe
<b>Academic Abilities</b>						
Innate ability						
Ability to work independently						
Fulfillment of academic responsibilities:						
Lecture exams						
Laboratory work						
Analytical skills						
Communication:						
Written						
Oral						
Organizational skills						
Mechanical ability and dexterity						
<b>Personal Characteristics</b>						
Integrity						
Motivation						
Self-confidence						
Sense of responsibility: maturity						
Interpersonal skills						