



PACIFIC LUTHERAN UNIVERSITY

Division of Natural Sciences Pre-Health Sciences Advising Letter of Recommendation Request and Permission Form

I request a letter of recommendation from _____ to be sent directly to Pre-Health Sciences Advising at Pacific Lutheran University (PLU). I consent to have information from my educational records released and to have observations and conclusions about my work included in the letter. As part of my Pre-Health Sciences file, the letter will be used by Pre-Health Sciences Advising in constructing my composite letter of recommendation.

By signing, I waive my right to review the letter of recommendation sent to Pre-Health Sciences Advising.

_____, 20 ____
Name of applicant (printed) Signature of applicant Date

To the person writing the letter of recommendation:

The Pre-Health Sciences Advising letter addresses the degree to which we believe the applicant has the ability to be successful in a professional program, the maturity of the applicant's motivation to become a health care professional, the level of commitment of the applicant, and personal qualities that suggest that the applicant will be a dedicated, compassionate health care professional.

We do not provide an explicit letter template, since we do not want you to feel constrained. However, it may be helpful for you to address how well you know the applicant and under what circumstances, his/her unique characteristics, how well the applicant gets along with peers and faculty, how the applicant handles disappointing or stressful situations, oral and written communication skills, the applicant's emotional maturity, and any information related to what we typically include in our letter. We may quote from your letter, or even include your entire letter along with our letter of recommendation.

Your willingness to write a letter, and your prompt response, is appreciated by the applicant who has requested the letter, and by Pre-Health Sciences Advising. Thank you!

Please:

1. Keep this form as a record that the applicant asked you to write a letter of recommendation and consented to the release of information about his/her academic record. (The applicant will have already provided us with a list of letter-writers to whom s/he has given this waiver, so you do not need to return this form to us.)
2. The letter must appear on personal or professional letterhead.
3. Date it.
4. Sign it.
5. Do not give a copy of your letter to the applicant. Please email your letter as a PDF to prehealth@plu.edu and include the student's name in the subject line, or mail the letter directly to:

Coordinator, Pre-Health Sciences Advising
Division of Natural Sciences
Pacific Lutheran University
Tacoma WA 98447
USA