

RECOMMENDATION LETTER WAIVER FORM

Applicant's Name _____

Columbia Email Address _____ Applying to schools of _____
(medicine, dentistry, veterinary, PT/OT, etc.)

Recommender's Name _____

If requesting a letter from an instructor, you **must** complete the following section:

Course Number

Semester and Year Completed

Institution

To the applicant: You must check either (A) or (B) below. The Federal Family Education Rights and Privacy Act of 1974, as amended, provide students with the right of access to educational records. In the case of recommendations, you may waive that right. If the recommender plans to mail the letter, give this form to the recommender with a stamped envelope addressed to the Postbac Premed Program Office.

____ (A) *I hereby waive my right to examine this recommendation and attest that I shall not seek access to it either while a student at Columbia or subsequently.*

____ (B) *I retain my right to examine this recommendation.*

Signature of applicant

Date

To the recommender. Thank you so much for agreeing to write a letter on behalf of one of our GS students. Please keep in mind the following guidelines when preparing your letter:

- Print your letter on **institutional letterhead**.
- **Address the letter generically** to “*The Admissions Committee*” not to a specific school, as the letter may be sent to multiple schools.
- Incorporate reference to the **type of program** for which you are recommending the student (see above), e.g., medical, dental, veterinary school or another allied health program.
- Try to limit your remarks to a **single typed page**.
- Describe how long and the circumstances under which you have known the applicant and **evaluate his or her performance**. Give examples to illustrate your assessment.
- **If the applicant has been your student**, it is helpful to have your comments on the student’s academic performance especially in comparison to others in the class or to other premedical students you have previously recommended for medical school. Reference to lab work, exam scores, and class participation is pertinent.
- Please limit your comments to the context in which you observed or worked with the applicant. You do not need to comment on the applicant’s activities outside of your purview.
- Your letter will remain **confidential** if the student has checked (A) above. Remember to **attach this waiver** form with this letter. Your letter and the waiver form should be mailed or emailed to:

Columbia University Postbaccalaureate Premedical Program Office
404 Lewisohn Hall, Mail Code 4109
2970 Broadway
New York, NY 10027
gs-letters@columbia.edu