

## INSTRUCTIONS FOR LETTER WRITERS

Dear Evaluator,

Thank you for agreeing to write a letter in support of this student's application to medical or dental school. Your evaluation of the applicant is an important factor to the application process and is highly appreciated. If you desire guidance when writing this letter, please see: <https://students-residents.aamc.org/media/5306/download>

When writing your letter, please do so on official letterhead. Submit the letter as a signed and dated pdf via e-mail to [prehealth@wfu.edu](mailto:prehealth@wfu.edu) and do not include your bio or CV. Your letter will be stored and accessible to our Health Professions advising office/committee. Transmission of your letter to professional schools is done through our Health Professions office. Under the Family Education Rights and Privacy Act of 1974, the applicant has the right to inspect this letter of evaluation unless he/she waives that right (see waiver completed by student below). If the student has indicated below to waive their rights to inspect the letter, please do not e-mail the letter to the student.

Deadline for receipt of your letter is May 17<sup>th</sup>.

If you have any questions, please e-mail [prehealth@wfu.edu](mailto:prehealth@wfu.edu).

Sincerely,

John Tomlinson, Ph.D.  
Associate Professor of Teaching  
Director of Prehealth Advising  
Department of Chemistry  
Wake Forest University  
Winston-Salem, NC 27109

## FERPA WAIVER (FOR STUDENTS TO COMPLETE)

Please complete your FERPA waiver for your individual letters of recommendation below.

I request that Letters of Recommendation of my academic performance and personal qualifications be provided by the Committee Members for my application to health profession schools.

I understand that the Letters of Recommendation will be transmitted to one or more health professions schools on behalf of the College. In compliance with University policy and the Family Educational Rights and Privacy Act (Buckley Amendment): I may inspect these Letters of Recommendation unless I waive my right of access to the Letters of Recommendation. I understand this right. I understand that letter writers and professional schools prefer that I make my file confidential, i.e., letters are written with the knowledge that the applicant will not have access to the letters.

I WAIVE my right to inspect my individual letters of recommendation \_\_\_\_\_

I do not waive my rights with respect to individual letters of recommendation. (The Health Professions committee requires confidentiality for committee letter packets. If you choose not to waive your rights to inspect the letter, the committee will not prepare a letter, but will still forward your letters of recommendation to

AMCAS/AACOMAS/TMDSAS or AADSAS on your behalf) \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

**LETTER WRITER INFORMATION (FOR STUDENTS TO COMPLETE)**

Letter One

Name of your letter writer:

Relationship with your letter writer:  
*(for example: professor, research mentor, supervisor, etc)*

E-mail:

Phone:

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Letter Two

Name of your letter writer:

Relationship with your letter writer:  
*(for example: professor, research mentor, supervisor, etc)*

E-mail:

Phone:

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Letter Three

Name of your letter writer:

Relationship with your letter writer:  
*(for example: professor, research mentor, supervisor, etc)*

E-mail:

Phone:

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Letter Four *(for students applying to dental school only)*

Name of your letter writer:

Relationship with your letter writer:  
*(for example: professor, research mentor, supervisor, etc)*

E-mail:

Phone:

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Share a completed copy of page one of this form with each of your letter writers. Submit both pages of this form with your HPC application to [prehealth@wfu.edu](mailto:prehealth@wfu.edu) by April 15<sup>th</sup>. See the Health Professions Office Letter of Recommendation Guidelines and Pre-Health website for more information.