



Pre-Health Professions Office
Charles E. Schmidt College of Science
777 Glades Road
Boca Raton, FL 33431
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Pre-Health Professions Office Recommendation Form

Student Name: _____
Student ID #: _____

I WAIVE MY RIGHT TO ACCESS TO MY CONFIDENTIAL FILE IN THE PRE-HEALTH PROFESSIONS OFFICE, CHARLES E. SCHMIDT COLLEGE OF SCIENCE, FLORIDA ATLANTIC UNIVERSITY.

Student Signature: _____ Date: _____

To: Faculty or Professional Reference
From: Pre-Health Professions Office
RE: Recommendation letters

Thank you for agreeing to provide a recommendation for one of our Pre-Health Professional students at Florida Atlantic University. Your input is greatly appreciated.

Please complete the form below and attach a letter describing your interactions with the student and your overall judgment regarding their qualifications for admission to a health professions school (i.e. Dental, Medical, Optometry, Pharmacy, Podiatry, Veterinary etc.).

Letters should be completed on your letter head and submitted as soon as possible to the Pre-Health Professions Office at the address listed above. Please address all letters to the "Admissions Committee".

If you have any questions feel free to contact Karen Finkelstein by email at preprof@fau.edu or by phone at 561-297-3307.

NOTE: In addition to your letter please rate the student on a scale of 1(lowest) - 5 (highest) according to each of the following characteristics and sign:

- 1. Academic Potential 1 2 3 4 5
2. Clinical Professional Experience 1 2 3 4 5
3. Overall Rating 1 2 3 4 5

Signature: _____ Date: _____
Print Name: _____