

Request to Prepare a Committee Letter of Recommendation

This signed form must be delivered to Dr. Kerry Bruns or acting chair of the Premedical Advisory Committee before the committee will consider contacting the Registrar's Office for your academic records, or any faculty or staff members regarding letters of support for your application to medical or dental school.

Please contact Dr. Kerry Bruns at (512) 863-1628 or at brunsk@southwestern.edu if you have any questions about the application process.

Agreement:

I, the undersigned, request that the Premedical Advisory Committee of Southwestern University prepare a letter of evaluation and recommendation for use in support of my application to graduate schools of the health professions. In making this request, I authorize the committee to gather information, including my academic transcripts from the Southwestern University Registrar's Office, in order to prepare a complete and accurate letter on my behalf. ***I understand that the committee member assigned to prepare the letter may, at his or her discretion, discuss the general nature of the content in the letter of recommendation with me, but that the actual contents of the letter and details of the information gathered in its preparation will not be shared with me.*** I hereby waive all rights of access to this confidential information, for the present and at any time in the future. I also waive any rights of access to the letter itself and to the supporting information from which it was prepared.

Signature

Date

Please indicate here the type of graduate professional school(s) you will be applying to (medical, dental, veterinary, etc.) _____

Do you have an AAMC ID number? If so, please write it here. _____

What is your state of legal residence? _____

What would be the best way to contact you during the summer months?