Request for Letter of Recommendation – Visiting Student Elective Application

Date: ____________________________________________________________

(TO) Letter Writer: ________________________________________________

(FROM) Student/Applicant Name: _______________________________________

Student AAMC ID: ___________________________________________________

Thank you for agreeing to write a letter of recommendation in support of my Visiting Student Application Service.

This cover sheet explains the special procedures needed to prepare a letter for either application service.

1. Please address the letter "Dear Elective Director" (individualized salutations are not necessary):

2. Include in your letter that you have waived your right to see the letter of recommendation, as indicated below.

3. Include my name and AAMC ID, as listed above, in the subject line or body of the letter.

4. Please include in the letter of recommendation how long you’ve known me and in what capacity; your perceptions of my intellectual capability, communication skills (oral and writing), the quality of previous work (my ability to apply learned skills and to what level of competency); my reliability, dependability and resourcefulness; motivation, initiative and assertiveness, and my professional promise.

5. Print on letterhead paper, include a signature and attach this cover sheet to the recommendation before mailing/faxing to the Office of Student Affairs as indicated below.

Virginia Tech Carilion School of Medicine
Office of Enrollment Management – Visiting Student Elective Application Processing
2 Riverside Circle, Suite M140
Roanoke, VA 24016
Fax: (540) 342-1823

I waive my rights to see this letter

I grant permission for the use and disclosure of my grades, academic standing and/or other academic assessments for this recommendation letter.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for either a visiting elective and/or residency.

Applicant Signature: ________________________________________________

Date: ____________________________________________________________

updated: 11/29/2017 hvr