





**University of Rochester**  
*Post-baccalaureate Pre-medical Program*

**Academic Recommendation Form**

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Name of applicant Date

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Name of recommender

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Applicant's address

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City State Zip

Read the following waiver statements and check the one you prefer. The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record at the University of Rochester. If the applicant waives this right of access, the letters of evaluation will be considered confidential and will not be available to the student. (If you do not sign, your access to the letter will be waived.)

- I waive my right of access to this letter of recommendation.  
 I do not waive my right of access to this letter of recommendation.

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Signature Date

Instructions for the applicant:

Please complete the top section of this form, and then give this form, along with a self-addressed, stamped envelope, to a faculty member in your major area of study. Please inform your recommender of application deadlines and allow adequate time to meet them.

Instructions for the recommender:

The applicant named above is applying to the University of Rochester's Post-baccalaureate Pre-medical Program. Please attach a letter of recommendation, written on college or university letterhead, to this form. Your letter should address the applicant's intellectual ability, academic qualifications, character, and potential for success as a future medical student and physician (or other health care professional). **Please sign your name across the flap of the sealed envelope before returning the letter and form to the applicant.**

**University of Rochester**  
*Post-baccalaureate Pre-medical Program*

**Other Recommendation Form**

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Name of applicant Date

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Name of recommender

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Applicant's address

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City State Zip

Read the following waiver statements and check the one you prefer. The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record at the University of Rochester. If the applicant waives this right of access, the letters of evaluation will be considered confidential and will not be available to the student. (If you do not sign, your access to the letter will be waived.)

- I waive my right of access to this letter of recommendation.  
 I do not waive my right of access to this letter of recommendation.

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Signature Date

Instructions for the applicant:

Please complete the top section of this form, and then give this form, along with a self-addressed, stamped envelope, to an instructor or employer who knows you well. Please inform your recommender of application deadlines and allow adequate time to meet them.

Instructions for the recommender:

The applicant named above is applying to the University of Rochester's Post-baccalaureate Pre-medical Program. Please attach a letter of recommendation, written on official letterhead, to this form. Your letter should address the applicant's intellectual ability, academic qualifications (if known), character, and potential for success as a future medical student and physician (or other health care professional). **Please sign your name across the flap of the sealed envelope before returning the letter and form to the applicant.**