

GRADUATE HEALTH PROFESSIONS LETTER OF RECOMMENDATION FORM

FACULTY COMMITTEE ON HEALTH PROFESSIONS

Suite 105 Stony Brook Union, Stony Brook, NY 11794, Tel: (631) 632-7082



Stony Brook
University

This form should be COMPLETED BY THE STUDENT

***DO NOT USE** this form if you are applying for the 2024 cycle. Only use this form if you are applying for the 2025 cycle or later.*

- Medical
- Dental
- Optometry
- Podiatry
- Veterinary

Name: _____ Stony Brook ID: _____ **Select Your Chosen Profession:**

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93-380 (as amended), with particular reference to section 438(a) (1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12:

- I DO DO NOT waive my right of access to and review of this recommendation I am requesting.
(NOTE: If you check DO the evaluation will be confidential; if you check DO NOT the evaluation is NOT confidential.)
- I am intending to apply for the _____ cycle. (Remember the number represents the year you hope to start your chosen program.)

SIGNATURE: _____ DATE: _____

Email: _____ Phone: _____ Institution: _____

Department: _____

Please CHECK one of the Following - YOUR RECOMMENDATION WRITER IS:

Instructor Course Number & Title _____ taken in the _____ semester _____

Academic Advisor Employer Research Supervisor Volunteer Supervisor

Other (briefly describe): _____

- PLEASE GIVE YOUR RECOMMENDATION LETTER WRITERS AS MUCH ADVANCE NOTICE AS POSSIBLE; WE SUGGEST A MINIMUM OF 4 WEEKS.
- PLEASE INFORM YOUR RECOMMENDATION LETTER WRITERS OF APPLICATION DEADLINES UNDER WHICH YOU ARE OPERATING.

TO THE RECOMMENDATION WRITER:

Health professions schools will not accept handwritten letters. Please use a computer or typewriter. Please sign your letter. You may use the reverse of this form. Letterhead is preferred.

This is a letter of recommendation for the student's admission to a graduate school of the health professions (please see the chosen profession above). Your comments on the applicant's intellect, character, community spirit, and other capabilities are very important. This letter is intended to be sent only to graduate schools of the health professions or postbaccalaureate enrichment programs.

NOTE: If the student checked "DO" s/he is not entitled to see your letter. If the student checked "DO NOT" s/he is entitled to see the letter you have written. If neither "DO" nor "DO NOT" has been checked, this form should be returned to the student before you write the recommendation.

This form and the accompanying signed letter should be emailed to: Prehealth@stonybrook.edu

****You should only use this form** if you are planning on applying to your health professions program for the 2025 cycle or later; AND if you are seeking a recommendation from someone based upon a course taken, research done, or other type of experience completed during or prior to Fall 2022. Otherwise please call our office or check our website for updates.

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Please call 631-632-7082 with any questions or concerns.