TO BE COMPLETED BY THE STUDENT

Name: ___________________________ Chosen Profession: ___________________ Stony Brook ID: ____________

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.)

Signature: ___________________________ Date: ___________________________

Please provide the following information about your Recommendation writer (respondent):

Writer’s Name: _____________________ Title: ____________________________ Institution & Dep’t: ____________________

Email: _______________________________ Phone: _______________________

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

Instructor  ☐  Course Number & Title __________________________ taken in the __________ semester of the year __________.
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 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

Please call 631-632-7082 or email prehealth@stonybrook.edu with any questions or concerns.