



# LAFAYETTE COLLEGE

## Class 2009 Health Professions Recommendation Form Non-faculty Recommendation Form

TO THE APPLICANT: PLEASE PRINT OR TYPE ALL INFORMATION BELOW.

RECOMMENDER'S NAME \_\_\_\_\_ INSTITUTION \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

CLASS \_\_\_\_\_ MAJOR(S) \_\_\_\_\_

MINOR \_\_\_\_\_ DEGREE PROGRAM \_\_\_\_\_ CUMULATIVE AVERAGE \_\_\_\_\_

### BRIEF DESCRIPTION OF EXPERIENCES WITH THE RECOMMENDER (INCLUDE DATES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AREA OF INTEREST:

MEDICAL \_\_\_ MEDICAL/PHD \_\_\_ DENTAL \_\_\_ OPTOMETRY \_\_\_ VETERINARY \_\_\_ OTHER \_\_\_

WAIVER OF ACCESS: I understand that Federal law (Family Educational Rights and Privacy Act of 1974) provides me, after enrollment, with a right of access to this recommendation and that no school may require me to waive this right.

I hereby \_\_\_\_\_ waive \_\_\_\_\_ do not waive my right of access to this recommendation.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### TO THE RECOMMENDER:

The above named applicant of Lafayette College \_\_\_\_\_ has \_\_\_\_\_ has not waived his/her right of access to this recommendation which he/she is requesting.

I, \_\_\_\_\_, understand that my letter will form part of the applicant's Health Professions Advisory Committee letter sent to health professions schools. I also understand that my letter will be included verbatim, along with my name and professional identification, in company with other letters solicited by the applicant.

RECOMMENDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The waiver statement made mandatory by the Family Educational Rights and Privacy Act of 1974 is stated above. The Committee letter must indicate to the health profession schools whether the applicant has or has not waived her/his right of access.

**Included on the reverse side of this form are suggested areas to be covered in your letter of recommendation.**

## Health Professions Non-Faculty Recommendation Form

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In an attached letter, please indicate how well you know the applicant. Speak to her/his personal qualities that you have observed which you believe may be significant for success as the applicant attends a graduate health program and, later, functions as a health-care professional. These qualities may include skills in self-expression, effective work habits, responsibility in meeting obligations, ability to work with others, personal integrity, potential for research, or other matters that you feel are germane.

Letters of recommendation are usually one to two pages in length. Below is a general list of what should be included in a letter of recommendation:

- How long the recommender has known the applicant and in what capacity.
- The recommender's firsthand knowledge of the quality of the applicant's work, their level of motivation, independence, and drive.
- The recommender's opinion about the applicant's personality, intelligence, and aptitude for the study of medicine.
- Comparisons between the applicant and others recommended in the past that the recommender believes may be helpful.
- The applicant's work/lab/volunteer/extracurricular activities: Their ability to work unsupervised; the depth of their involvement and achievement in these activities.
- The applicant's communication skills: An assessment of their ability to communicate both orally and in writing.
- The applicant's personal characteristics: A description of the applicant as a person, their maturity, emotional stability, concern for people and/or for animals, problem-solving skills, tenacity in reaching goals, curiosity, creativity, capacity for leadership, self-discipline, integrity, etc.
- The applicant's interpersonal skills: An assessment of their ability to handle criticism and how well they relate to others; a description of their capacity for collaborative work with others; and their attitude toward supervision.
- The applicant's potential in the field of medicine and health: How and to what extent they demonstrate their motivation for the study and practice of medicine and the health professions.
- **Kindly address your letter to: "Dear Health Professions Advisory Committee".**

The information you provide will assist the Health Professions Advisory Committee prepare the composite letter to be sent to the applicant's designated health professional schools. These schools rely on the composite letter as they consider the applicant for admission. We appreciate your assistance and time. Please return this form and your attached response by mid-January (or no later than three weeks after the applicant's request) to:

Mrs. June A. Thompson  
Coordinator of Scholars and Health Professions Programs  
Office of the Dean of the College  
1 Markle Hall  
Lafayette College  
Easton, PA 18042-1768  
Phone: (610) 330-5521  
Fax: (610) 330-5711