

## HEALTH PROFESSIONS RECOMMENDATION FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Health Professions Preparation Committee      Phone: 207-859-5550  
c/o Psychology Department                              FAX: 207-859-5555  
Colby College    email: premed@colby.edu  
5550 Mayflower Hill  
Waterville, ME 04901

Re: Confidential \_\_\_\_\_ or Non-Confidential \_\_\_\_\_ Recommendation Requested for  
Name \_\_\_\_\_ Class \_\_\_\_\_  
Applicant for \_\_\_\_\_ school (medical, dental, etc.)

The student named above would like you to serve as a referee. If you are willing, please comment on his or her intellectual accomplishments and potential, originality and creativity, work habits and sense of responsibility, ability to communicate, and maturity, and any other characteristics. You do not need to comment specifically on the student's career goals unless you wish to do so; the Committee will place your remarks in this context within the composite letter of recommendation.

The comments that are of most value to us are those made on the basis of direct knowledge of the student and supported by specific example. Any comments that you make will be used *only* in the preparation of a composite letter of evaluation for schools in the health professions.

**Please submit, as soon as possible to the address above,**

- (1) a ***signed original copy*** of your recommendation, along with this form as a cover sheet; **AND**
- (2) (2) an ***electronic copy***, either on disk or via e-mail. The electronic copy will greatly facilitate the preparation of the Committee's composite recommendation by conserving secretarial time, and also will help us to avoid transcription errors.

Thank you for your help. If you have any questions, please do not hesitate to contact us.