



Cornell University

Cornell Career Services
Cornell University
203 Barnes Hall
Ithaca, New York 14853

Telephone 607 255-0546
Fax: 607 255-3060
career.cornell.edu

Dear _____,
(name of recommender)

Letters of recommendation are a critical component of the admissions process for applicants to professional schools of allopathic and osteopathic medicine, optometry, dentistry and podiatry. The Health Career Evaluation Committee uses your letter when we prepare our own narrative evaluation of each applicant. We quote from it to illustrate the impressions we otherwise draw from a personal interview and materials the applicant provides to us. We send your letter in whole along with our evaluation letter to the schools in a packet.

Schools of human medicine are interested in candidates who demonstrate intellectual curiosity, professionalism, humanitarian personal traits and, of course, academic excellence. Here are some guidelines for a useful letter of recommendation.

- Extent of the recommender's relationship with the applicant
 - A. Length of time known
 - B. Depth of knowledge
- Personal attributes
 - A. Sense of ethics and social responsibility
 - B. Motivation for the health career chosen; understanding of the realities of the career
 - C. Ability to communicate and work as part of a team
 - D. Professionalism and personality: Maturity, reliability, compassion, honesty, stamina, flexibility, independence, self-reliance, cooperativeness, sense of humor, leadership, integrity, and tolerance
 - E. Emotional stability
 - G. Sensitivity to others of diverse backgrounds; ability to work with a diverse population
- Academic performance: Note what cannot be easily discerned through quantitative measures.
 - A. Distinctive contributions
 - B. Approach to course work and attitude toward course work
 - C. Writing skills
 - D. Group or teamwork skills
 - E. Intellectual curiosity and research skills
 - F. Rigor of the course(s) taken, e.g., honors section
 - G. Academic ability, particularly if at variance with academic performance. Extenuating circumstances can account for poor performance.

- Include your conclusion/overall recommendation

Thank you for writing on behalf of this applicant.

Sincerely,

F. A. Kallfelz, DVM, PhD
Professor Emeritus and Chairperson
Health Careers Evaluation Committee

FERPA Intent and Letter Deadline Form

Applicant gives this to the letter writer, who sends it back to the HCEC office with the letter.

To the HCEC Registrant:

FERPA grants applicants the right to review their educational records, which includes letters written on their behalf. If you wish to waive your FERPA rights, please check the box below and sign in the space indicated. **If you do not check the box or sign the form in the space provided**, your letter writer and the HCEC will assume that you have **not waived** your FERPA right to read this letter. FERPA does not give you the right to acquire a copy of this letter, only to view it at the HCEC office. For more information, please refer to the HCEC website, the Applicant Guide, or the HCEC Registration form.

_____ (initial here) I hereby **waive** my right to access, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Par. 1232g (a) (1), to this letter. **Important:** You must initial on the line above **and sign** this form to waive your FERPA rights.

Name	_____	Date	_____
Signature	_____	Email address	_____

To the Letter of Recommendation Writer:

- Please write your recommendation on letterhead. Attach this form and mail to:
HCEC Records Coordinator, 203 Barnes Hall, Ithaca, NY 14853-1601
- **Applicant and writer agree that this letter will be submitted by (enter date) _____.**
Note: For undergraduates applying through HCEC, this deadline is March 25, 2009.
- Your letter will be scanned. We will attach it to the HCEC letter of evaluation and send it through secure electronic transmission or on paper by postal mail directly to the admissions committee(s).
- Please note the FERPA decision the applicant has made on this form. If this has been left blank, the applicant will maintain the FERPA right to view your letter. If the applicant indicates the choice to waive, he or she will **not** have access to the letter through the HCEC office. Please return this form or a scanned copy to us with your letter so the HCEC knows that you and the applicant have reached an understanding on this matter.

If you prefer to scan and send your letter electronically, use the Cornell Faculty Drop Box (for all Cornell employees), accessible at the University Registrar website (<http://registrar.sas.cornell.edu/Faculty/dropbox.html>). For security reasons, please do not send us this form and your letter as email attachments unless you call us first to expect it (607-255-0546). We will provide you with a dedicated mailbox address.

Important: Please sign this form, indicating that you are aware that the student waived or did not waive FERPA access to your letter.

Name	_____	Email address	_____
Signature	_____	Title	_____
Phone	_____	Date	_____