LETTER OF RECOMMENDATION REQUEST FORM

(This form is to be filled by Applicant before sending it to the reference writer.)

Applicant Information

1. Applicant’s Full Name

Last Name____________________ Middle Name____________________ First Name____________________

2. Mailing Address:

City/Town _______________________________ State _______________________________

Country _______________________________ Zip code _______________________________

3. Applying for (Tick any one)

Pre-medical program ( ) Medical Program ( )

Applicant’s signature ___________________________ Date ______________________

Recommender’s Information

1. Name

Last Name____________________ Middle Name____________________ First Name____________________

2. Position ________________________________

3. Institution ______________________________

4. Address

City/Town _______________________________ State _______________________________

Country _______________________________ Zip code _______________________________

5. How long have you known the Applicant? ________ Years ________ Months
6. What is your feedback about applicant’s strength and weakness?

_________________________________________________________________________________

7. Applicant’s achievement/awards

_________________________________________________________________________________

8. Overall judgment about applicant:

(   ) Strongly recommended

(   ) Recommended with reservation

(   ) Not recommended

Official seal _________________________

Signature ___________________________

Date:  ___/____/_____
