Dear Recommender:

The student delivering this form to you is requesting a letter of recommendation for continuing his or her education in medicine or another health-related field. We know that your time is limited, and we deeply appreciate your efforts to help our students.

The student should provide you with a resume, and if you wish, a transcript. He or she should also contact you to schedule an interview at a time that is convenient for you. Recommendations should be detailed, so you may wish to address the following:

- How long and under what circumstances have you known the student?
- If appropriate, comment on the student’s performance in your contact with them.
- What are the student’s chief attributes and deficiencies?
- Relate anecdotes that illustrate the student’s strengths and qualities that would make the student a good health professional.
- Would you be willing to be treated by this student should he/she become a health professional?
- How does the student compare with other premed students you have taught?

Any personal comments that you can make about the student’s character, leadership skills, and level of commitment are most valuable. We will extract pertinent portions of your letter and include them in our committee letter. We will make copies of your letter and forward it to the professional schools to which the student applies if requested.

Another helpful tool for the Committee is the Recommender Evaluation Form found on the Engineering Premedicine webpage (https://engineering.wustl.edu/current-students/student-services/Pages/premedicine.aspx). I would appreciate it if you would fill this out and submit it with your letter. The evaluation can be filled out electronically.


Please feel free to contact me at dbarbour@wustl.edu if you have any questions.

Sincerely,

Dennis L. Barbour, MD, PhD
Chair
The student delivering this form to you is requesting a letter of recommendation for continuing his or her education in medicine or another health-related field. We know that your time is limited, and we deeply appreciate your efforts.

The student should provide you with a resume, and if you wish, a transcript. He or she should also contact you to schedule an interview at a time that is convenient for you. Recommendations should be detailed so you may wish to address the following:

1. How long and under what circumstances have you known the student? If appropriate, comment on the student’s performance in your contact with them.
2. What are the student’s chief attributes and deficiencies? Relate anecdotes that illustrate the student’s strengths and qualities that would make the student a good health professional.
3. Would you be willing to be treated by this student should he/she become a health professional?
4. How does the student compare with other premed students you have taught?

Any personal comments that you can make about the student’s character, leadership skills, and level of commitment are most valuable (see the link for AMCAS guidelines in the box).

We will extract pertinent portions of your letter and include them in our committee letter. We will make copies of your letter and forward it to the professional schools to which the student applies if requested.

Once this evaluation form is completed, you must first save it to your computer and then navigate to https://goo.gl/N297x9 to upload it and a letter of recommendation (on letterhead with your signature) to a secure location. Kate Ruzicka will confirm the reception of letter and form with an email.

Student Name: Date:

Recommender Name: Email Address:

Title: Institution:

Please rank this student with respect to others you have encountered over the past few years in this or similar courses:

<table>
<thead>
<tr>
<th>Category Rating</th>
<th>Top 5%</th>
<th>Next 15%</th>
<th>Next 30%</th>
<th>Bottom 50%</th>
<th>Unable to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>General intellectual capacity</td>
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<tr>
<td>Ability to think creatively and with originality</td>
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<tr>
<td>Perseverance, especially in the face of adversity</td>
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<td>General level of motivation</td>
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<td>Emotional stability &amp; maturity</td>
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<td>Integrity, compassion, and other positive moral qualities</td>
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</tbody>
</table>

The above student is (choose one):

☐ Recommended with Enthusiasm
☐ Recommended with Confidence
☐ Recommended with Reservations
☐ Not Recommended

SIGNATURE

Type Full name - I certify that this evaluation is authentic and official. *

Date: