

## LETTER OF RECOMMENDATION

### TO THE APPLICANT:

---

Student's Name (please print) \_\_\_\_\_ FSU I.D. # \_\_\_\_\_ Expected Year of Entrance \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, Framingham State University students are entitled to access to letters of recommendation contained in their permanent educational records at Framingham State University. However, a student may waive this right of access to letters of recommendation. If this right of access is waived, letters of recommendation will be considered confidential and will not be available to the student. If you wish to waive your right of access to this letter of recommendation, please indicate that wish by signing or typing your name on the line below the following statement:

**I WAIVE MY RIGHT OF ACCESS** to this recommendation and ask that Framingham State University hold it in confidence so that it is available only to the university and to the professional schools or related professional scholarship programs to which I apply.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you choose not to waive your right of access, please indicate that wish by signing or typing your name on the line below the following statement:

**I DO NOT WAIVE MY RIGHT OF ACCESS** to this recommendation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

### TO THE EVALUATOR:

Please assess the above named student's intellect, personality, and character – particularly those qualities which bear on his or her promise as a physician, dentist, veterinarian, or health professional. Your letter may be sent to central application services or directly to health-related professional schools or scholarship programs.

Excellent guidelines for providing a meaningful assessment of an applicant's suitability for admission to health profession school can be found on <https://www.aamc.org/download/349990/data/lettersguidelinesbrochure.pdf>.

We strongly encourage recommenders to submit their letters along with this form electronically as PDFs to [swaetzig@framingham.edu](mailto:swaetzig@framingham.edu). **Recommendations must include a signature and be submitted on your official letterhead.** Alternatively, physical copies of recommendations may be submitted to: Framingham State University, Dr. Shelli Waetzig, 100 State St., Framingham, MA 01701. The Health Professions Advisory committee does not accept letters of recommendation and Letter of Recommendation Waiver Forms that are hand-delivered or emailed to us by applicants.

#### NOTE:

Unless the applicant has signed the above statement of waiver, Framingham State University will **NOT** consider this letter of recommendation confidential.

---

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Department/Institution \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_