



Preprofessional Credentials Office
University of Colorado
University Club 111, UCB 273
Boulder, CO 80309-0273
 If you have questions, please call 303-735-3000
 or e-mail prepro@colorado.edu



To be completed by candidate before recommendation form is given to the recommender.
Please type or print all information (except signature) in blue or black ink.

I am requesting a recommendation for health programs admissions from the person listed here to be added to my Preprofessional Credentials file at the _____
 University of Colorado – Boulder. As per my rights under the Family Rights and Privacy Act of 1974, I choose the following option: (Name of author of recommendation)

Check one:

- It is my desire that this recommendation be CONFIDENTIAL; that is, I wish to waive any rights of access to the recommendation letter that accompanies this waiver form, once it has been received by the Preprofessional Credentials Office at University of Colorado – Boulder.
- It is my desire that this recommendation be NON-CONFIDENTIAL, that is, I wish not to waive my rights of access to the recommendation letter that accompanies this waiver form, once it has been received by the Preprofessional Credentials Office at University of Colorado – Boulder.

 Candidate's Signature Date

 Candidate's Name Printed CU ID #

 Candidate's Email Address

Instructions to the Author of this Recommendation

This recommendation will be treated by the Preprofessional Credentials Office as confidential (closed to the candidate) or non-confidential (open to the candidate) according to the candidate's decision as indicated above. **If the candidate has not indicated that the recommendation is to be confidential or non-confidential, please do not complete the appraisal; return it to the candidate.**

Health program admissions officers will be guided by your appraisal of this candidate. The candidate's prospects for success in his/her endeavors are the prime concern. Please write a statement that will help evaluators of the candidate assess his/her abilities and qualifications and that will help differentiate him/her from others. Please state how long, and in what relationship, you have known the candidate. Please comment on any of the following factors: academic or job performance, research, motivation, potential, ability to handle stress, leadership, communication skills, ability to interact with peers, and any other relevant qualities. A vignette or personal anecdote about the applicant as a person is also of value.

Your letter will be reproduced and sent directly to the Admissions Committee of the school(s) to which this candidate is applying. Your remarks should be typed on official organization letterhead. If you do not have an affiliation with an organization that uses letterhead, type your letter on a blank sheet of paper. Please be sure to sign the letter and this form and return both the letter and the waiver to the Preprofessional Credentials Office.

We appreciate your recommendation concerning the person named above.

PLEASE RETURN THIS SIGNED FORM AND YOUR LETTER TO THE ADDRESS SHOWN ABOVE.

Author's Name (print) _____ Signature _____

Title/Department _____ Date _____

Institution _____ City _____ State _____

Contact Information: Telephone _____ Email Address _____
 (for verification purposes)