Letters of Recommendation

CONFIDENTIALITY AGREEMENT

No letter of recommendation will be processed without a completed and signed agreement!

Note: Not intended for use by students enrolled in an LPS Post-Baccalaureate program. If you are an LPS student please discuss your credentials file options with your advisor.

APPLICANT INFORMATION *ALL FIELDS TO BE COMPLETED BY APPLICANT*

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<thead>
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<th>PENN ID:</th>
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<tr>
<td>LAST NAME:</td>
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<td>GRAD YEAR:</td>
<td>EMAIL:</td>
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INTENDED USE OF LETTER OF RECOMMENDATION:

- [ ] ALLOPATHIC MEDICAL SCHOOL (MD)
- [ ] OSTEOPATHIC MEDICAL SCHOOL (DO)
- [X] MD / PHD PROGRAM
- [ ] DENTAL SCHOOL

RECOMMENDER INFORMATION *ALL FIELDS TO BE COMPLETED BY APPLICANT*

| LAST NAME: | FIRST NAME: |
| TITLE: | EMAIL: |

INSTITUTION: 

As per the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that I may view this evaluation unless I explicitly waive my right to do so below:

- [ ] CONFIDENTIAL: I waive my right to view this evaluation
- [X] NON-CONFIDENTIAL: I do not waive my right to view this evaluation

__________________________
Applicant Signature

__________________________
Date

*WE CANNOT ACCEPT TYPED SIGNATURES OR ADOBE SIGNATURES*

ATTENTION RECOMMENDERS:

Please ensure the letter is signed, dated, and on official letterhead. Unless explicitly asked by the student, address all letters to the attention of a general medical school admissions board.

For more information:
http://www.vpul.upenn.edu/careerservices/faculty/premed.php

UNIVERSITY OF PENNSYLVANIA NONDISCRIMINATION STATEMENT

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PLEASE ATTACH FORM TO LETTER AND SUBMIT VIA EMAIL (PREFERRED):
vpul-letters@pobox.upenn.edu

OR MAIL TO:
Career Services Attn: Letters
University of Pennsylvania
3718 Locust Walk
McNeil Building, Suite 20
Philadelphia, PA 19104-6209