

SHPEP/MSIPI Letter of Recommendation Form

Applicant Information:

SHPEP/MSIPI ID NUMBER _____

NAME _____
LAST FIRST MIDDLE

PHONE NUMBER _____

EMAIL ADDRESS _____

RECOMMENDER: Please clearly print your information. If you choose to submit a letter in addition or in substitution of this form, it must be on official institution letterhead. **Please sign (or provide an electronic signature) on this form or reference letter.**

How to submit your recommendation: The applicant should list you as their author on their SHPEP/MSIPI application. You will then receive an email from the **AAMC Letter Writer application service**. Once you are ready to upload your document (.pdf, .doc, or .docx), use the URL provided in the email to be taken directly to the AAMC Letter Writer Portal to fulfill this request. **Please do not email or mail in your letter or recommendation form.**

Letter of Recommendation PROVIDED BY:

NAME _____

COLLEGE/UNIVERSITY/COMPANY _____

TITLE/POSITION _____

DEPARTMENT _____

EMAIL ADDRESS _____

THE DEADLINE TO SUBMIT REFERENCE IS FEBRUARY 5th.

PLEASE RATE THE APPLICANT ON THEIR ATTRIBUTES AND SKILLS BELOW:

	Outstanding	Good	Fair	Poor	Unable to Judge
Intellectual ability					
Integrity					
Work habits					
General motivation					
Leadership					
Imagination/creativity					
Initiative					
Ability to work with others					
Maturity					
Writing skills					
Verbal communication					

In what capacity do you know the applicant?

Do you have any concerns about this student's ability to participate in an intensive six-week residential program designed to increase his/her preparedness for application and matriculation to a health professions school?

I have no concerns.
I have concerns about this student.

Please share anything you think is important for us to know about this student. Use additional paper, if necessary.

SIGNATURE _____

DATE _____