Date Required: CSUF I.D. Number: I have waived my right to inspect letters in my premedical reference file. I maintain an open file and may inspect letters in my file. Student's Signature: Date:	A	REQUEST FOR A LETTER OF RECOMMENDATION	
I have waived my right to inspect letters in my premedical reference file. I maintain an open file and may inspect letters in my file. Student's Signature:	Premedical Student's Name:		
I maintain an open file and may inspect letters in my file. Student's Signature:	Date Require	cd:CSUF I.D. Number:	
Student's Signature:Date:	I hav	e waived my right to inspect letters in my premedical reference file.	
	I mai	ntain an open file and may inspect letters in my file.	
Т	Student's Sig	gnature:Date:	
To:	To:		

PLEASE NOTE: The recommendation letter must be on institution letterhead

The student named above will be applying for admission to medical school and is asking you for a letter of recommendation, which will be added to the student's reference file maintained on this campus. We would sincerely appreciate any information you might be able to provide to the medical schools. The packet that we send out to the medical schools to which the student is applying usually consists of a brief letter of introduction prepared by the principal premedical advisor followed by copies of the letters in the file.

Having written a number of these, I appreciate the effort that goes into preparing a helpful letter of recommendation. In general, with the competition these days, medical school admissions committees are looking for candid and genuine insight in the applicant's attributes and promise. Letters that describe the candidate as "helpful, thrifty, kind, and reverent" are less useful than ones in which the author relates direct experience with the applicant that has led to these convictions. Please relate (if applicable) your knowledge of the student's academic achievements, personal attributes, employment, research projects, clinical experience, honors, extracurricular activities, etc.

The Family Educational Rights and Privacy Act permits applicants to waive access to this material if they so desire. The student has indicated the status of his/her file. Please attach this form to your letter so that it is apparent that you were informed of the nature of this student's files and forward it to the address below.

Please call me if you have any questions (559-278-2273), or e-mail me at davidf@csufresno.edu. Thank you for your effort and your consideration.

David Frank, Ph.D.
Premedical Advisor
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