

**** Recommender: Be sure to keep a copy of all forms. ****

Applicant Information

Application Deadline: January 15

To the applicant: Please fill in the information below and give this form to a teacher familiar with your work in the classroom or to a research/volunteer supervisor.

Name _____
Last First Middle

Address _____
Street Apartment

_____ City State Zip code Country

Telephone number (_____) _____

The Family and Educational Rights and Privacy Act of 1974 provides generally that enrolled students and their parents have the right to inspect and review the educational records of the student. An applicant for admission, however, may waive this right of access. If so, Washington University can guarantee the confidentiality of this recommendation. If you wish this recommendation to remain confidential by waiving this right of access, please sign below.

I waive my right to inspect and review this recommendation.

Signature of Applicant _____ Date _____

The above-named student is applying for the University Scholars Program in Medicine, which grants dual admission both to undergraduate study and to the medical school at Washington University in St. Louis. Please bear in mind that the program is national in scope, and all applicants must display incoming and ongoing excellence in academic performance.

Please provide a candid, thoughtful evaluation of the candidate, giving particular attention to his or her intelligence, creativity, character, and commitment to service. What, in your judgment, makes this candidate distinctive?

Recommendation *continued*

*You may provide your letter of recommendation on this form, or attach your letter to it.
Your comments will be given serious consideration.*

The above-named candidate is recommended with:

Enthusiasm Confidence Reservation Not recommended

Recommender's signature _____

Please print name _____ Date _____

Position: Teacher Research supervisor Volunteer supervisor Other

Daytime telephone number (____) _____ Email address _____

Please send your recommendation to: University Scholars Program in Medicine, Washington University in St. Louis, Campus Box 1089, One Brookings Drive, St. Louis, MO 63130-4899. If you have questions, please call (800) 638-0700 (within the United States) or (314) 935-6000, or email uscholars@wustl.edu.