

Recommendation Letter Request and Waiver

STUDENT/APPLICANT: You are to complete the top portion of this form and give a copy to any letter writer **NOT SUBMITTING THROUGH THE DOREWAYS SYSTEM**. Please ask the letter writer to complete the bottom portion of this form and return it to the HPAO, along with his/her recommendation letter.

EVALUATION FOR: _____ GRADUATION DATE: _____
Student/Applicant (PRINT)

As Part of my application to _____ school, I am requesting your written evaluation. Your letter/comments will become part of a letter packet that is prepared and transmitted verbatim to one or more professional schools by the Health Professions Advisory Office (HPAO) at Vanderbilt.

Under the Family Education Rights and Privacy Act of 1974, I may inspect evaluation letters unless I waive this right.

- I WAIVE my right to inspect any letter of evaluation at any time.**
- I DO NOT WAIVE my right to inspect the letters of evaluation.**

Student Signature: _____ Date: ____/____/____

TO THE EVALUATOR:

Requested Due Date: ____/____/____

All letters must be on **LETTERHEAD, DATED, and SIGNED**. Letters should be addressed to “**Dear Admissions Committee**”. Admissions Committees are seeking your input on ANY of these 15 Core Competencies you may have observed.

Interpersonal Competencies	Intrapersonal Competencies
Service Orientation Social Skills Cultural Competence Teamwork Oral Communication	Ethical Responsibility to Self and Others Reliability and Dependability Resilience and Adaptability Capacity for Improvement
Science Competencies	Thinking and Reasoning Competencies
Living Systems Human Behavior	Critical Thinking Quantitative Reasoning Scientific Inquiry Written Communication

Please attach your letter to this form so that we may record the conditions of the privacy waiver. Your letter will be forwarded to the admissions committees, but the waiver will not. It will be held on file in the HPAO.

[Yes] [No] I provide permission to have this letter forwarded to post-baccalaureate programs or other health professions programs, if applicable.

 Signature of Evaluator

 Name and Title (Please PRINT or TYPE)

 Institution/Company

Email or Mail the Waiver &
 Letter **(On Letterhead AND Signed)**
 to
hpao@vanderbilt.edu
 or
 Health Professions Advisory Office
 PMB 407783, 2301 Vanderbilt Place
 Nashville, TN 37240