

# FRANKLIN & MARSHALL

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: Dr. Ken Hess  
Health Professions Adviser  
Professor of Chemistry

Re: **Letter of Reference for** \_\_\_\_\_

The above-name student is applying to health professions schools and is requesting that you evaluate him/her as a candidate. If you agree to submit a letter, it will be used only in the professional school admissions process. Your letter will be included in its entirety in the student's composite materials. With your permission, illustrative quotes from this letter may be used in the composite letter that is written. If possible, providing an electronic copy in addition to a hard copy is helpful to the Health Professions Office and may be sent to [kelly.mcallister@fandm.edu](mailto:kelly.mcallister@fandm.edu)

**I. Please make an assessment of this applicant as a person, as a student, and as a potential professional in a health career by addressing the following:**

1. How long have you known the applicant and in what capacity? Briefly describe the course, the internship, the employment position, etc. in which you came to know the applicant.
2. Describe the applicant's intellectual capability, problem-solving skills, academic motivation, etc.
3. Is the applicant's scholastic record a good index of his or her academic ability and potential?
4. Describe personal characteristics of the applicant. Here is a list of characteristics that may help you focus your descriptive insights into the applicant (not listed in any preconceived order of priority):  

<i>Integrity</i>	<i>Maturity</i>	<i>Sincerity</i>	<i>Perseverance/Diligence</i>	<i>Motivation</i>
<i>Curiosity</i>	<i>Imagination</i>	<i>Responsibility</i>	<i>Communication skills</i>	<i>Humor</i>
<i>Enthusiasm</i>	<i>Leadership</i>	<i>Self-Confidence</i>	<i>Ability to cope w/stress</i>	<i>Initiative</i>
<i>Innovation</i>	<i>Judgment</i>	<i>Interaction with others</i>	<i>Organizational ability</i>	<i>Master skills</i>
5. What are the applicant's primary strengths? What areas will the applicant need to further develop?
6. What distinguishes the applicant as a student and as a candidate for admission to health professions schools? Does the applicant stand out in any way?

**II. As you compose your letter, please adhere to the following guidelines:**

1. In the letter, include the date, student's name, and the salutation: "Committee on Admissions:"
2. It is important that you attempt to keep your letter to a single page.
3. **Limit descriptive information on the course you taught. Emphasize the student's performance.**
4. Print the letter on official stationery and sign it (include your title/position). Send the original letter to the address listed in the footer in a sealed envelope with the enclosed waiver.
5. **Please send an electronic copy to [kelly.mcallister@fandm.edu](mailto:kelly.mcallister@fandm.edu) as an attachment or text of an email** unless you are **not** providing your permission to have your quotes highlighted in the composite letter.
6. **Please sign and return the enclosed waiver with your assessment letter.** Please contact the student if she/he has not completed the student portion of the waiver.

*Thank you for your assistance!*

**Confidential Evaluation Request and Waiver**  
For Applicants to Health Professions Schools

**Office of College House Administration**  
Franklin & Marshall College  
P.O. box 3003, Lancaster, PA 17604

**To be Completed by Applicant:**

Name of Applicant	Name of Faculty Member/Evaluator
Student I.D. Number	Academic Department or Affiliation
Health Profession Area of Interest	Courses Taken with Faculty Member or Description of Affiliation

**To be Completed by Faculty Member/Evaluator (Please read each statement):**

I permit the Chair of the Health Professions Advisory Committee to use quotes from my letter and include them in the composite letter sent to health professions schools.

I permit the Health Professions Office to enclose this evaluative statement with the above applicant's application materials to health professions schools.

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Applicant:**

Applicants may waive the right of access to written evaluations as provided under the **Education Privacy Act of 1974**. Please indicate your wishes by signing either statement A or B below:

A. I hereby waive my right of access to the Confidential Evaluation provided by the person named above. S/he should be notified that the confidentiality of the evaluation is preserved.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

B. I do not waive my right of access to the Confidential Evaluation provided by the person named above. S/he should be notified that I retain my right of access. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in and assistance to F&M students seeking acceptance to health professions schools.*