

**Medical University of South Carolina  
College of Medicine**

**Letter of Recommendation Request Form**

Name \_\_\_\_\_ Email \_\_\_\_\_

*\*Please attach a current curriculum vitae and any other relevant application information*

**LETTER OF RECOMMENDATION DUE BY:** \_\_\_\_\_

*\*Expect a two-three week turnaround time for completion*

**Letter of Recommendation for:**

- Dual-Degree Program
- Scholarship
- Fellowship
- Transfer to another medical school
- National student organization position
- Other \_\_\_\_\_

**Address the Letter of Recommendation to the following:**

School/Program Attention \_\_\_\_\_

Address \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Upon completion of the letter:**

- Please call me when the letter is ready to be picked up at (\_\_\_\_) \_\_\_\_\_
- Please fax to (\_\_\_\_) \_\_\_\_\_
- Please email the letter to \_\_\_\_\_ @ \_\_\_\_\_. \_\_\_\_\_
- Please mail the letter in the addressed and stamped envelope that I provided.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# College of Medicine

## ***Letter of Recommendation Instructions***

When requesting a letter of recommendation, you will want to give your letter writer ample time to prepare your letter. You should schedule a time to meet with the letter writer in person, and during the meeting, you should ask if the individual is able to write a strong letter of recommendation for you. You should have all of the information about the scholarship and/or summer program available for the letter writer – name of the program, eligibility requirements, deadline, who to address the letter to, etc. Be clear about whether the letter is to be sent directly to the program by the faculty member or if it will be included with your application. You should also provide a copy of your CV and any essays that you are required to submit (even if in draft form). In all cases, you should make the request at least 2 weeks in advance, and preferably 4 weeks in advance. When requesting a letter you must submit the Letter of Recommendation Request Form at the time of the request.

## **Educational Record Release Form**

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, the Medical University of South Carolina (MUSC) will only disclose confidential information from the education records of students to third parties provided the university has written consent from the student to do so.

By signing below, I consent that \_\_\_\_\_ may disclose confidential information from my education record with the individual(s) listed below for the purpose of providing a reference/recommendation. I understand that unless otherwise specified below, any information in my education record such as academic standing, honors designation, leadership and volunteer activities, professional issues, disciplinary actions from the Office of the Registrar or maintained in my college may be disclosed in order to provide this reference/recommendation. I understand that this approval is valid only for this specific instance, and that this approval overrides any existing FERPA directory information hold I have set up on my educational record.

*Note: this consent does not cover medical records held solely by Student Health Services or Counseling and Psychological Services (CAPS) offices.*

Recipient Name:

Recipient Contact Information:

Exceptions/Exclusions:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date