

Request for Letter of Recommendation/Cover Sheet

Thank you for agreeing to write a letter of recommendation in support of my residency application. This sheet explains the special procedures needed to prepare a letter.

Class:	2009
Letter Writer:	
Specialty:	
Applicant Name:	
AAMC ID:	

Please send the original letter of recommendation to my designated Dean's Office for transmission using the following formation:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary. Please make sure letter is on letterhead.
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AAMC ID, as listed above, in body of the letter.
4. Attach this sheet to your letter before sending it, to help my designated Dean's Office identify your letter with my file.
5. Some schools may accept letters of recommendation in electronic format.

Mail:

Please attach this sheet to the *front* of your letter of recommendation with a paper clip and return no later than **October 1st** to my Dean's Office at the address below.

Dean's Office Mailing Address:

Diane Hill
Student Programs and Professional Development
Augusta Webster, MD, Office of Medical Education
Northwestern University, Feinberg School of Medicine
303 East Chicago Avenue,
Ward 1-003
Chicago, Illinois 60611-3008

Email:

Letters should be in .pdf format and on **letterhead** with a **signature**. A letter will not be accepted otherwise. Please email the .pdf file to d-hill4@northwestern.edu with "Letter of Recommendation" in the subject line. You do not need to mail the hard copy.

Thank you for supporting my residency application.

_____ (I waive) _____ (I do not waive) my right to see this letter. If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)". I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Signed: _____

