

**HEALTH PROFESSIONS ADVISORY COMMITTEE (HPAC)
SKIDMORE COLLEGE, SARATOGA SPRINGS, NY 12866**

Name of Applicant _____ Class _____
Address _____
E-mail Address _____
Applying to: Medical School _____ Other: _____

To the Applicant: You must check either (A) or (B) below. The Federal Family Education Rights and Privacy Act of 1974 provides students with the right of access to educational records.

_____(A) *I hereby waive my right to examine this recommendation.*

_____(B) *I retain my right to examine this recommendation.*

Signature of Applicant

Date

Name of Recommender _____

Address _____

Signature _____ Date _____

TO THE RECOMMENDER: Thank you for agreeing to write a letter on behalf of one of our Skidmore College students.

Please keep in mind the following guidelines when preparing your letter:

- **Print on institutional letterhead.**
- **Address letter to: The Health Professions Advisory Committee (HPAC).** Please note that in addition to going to the HPAC, your individual letter will also be sent (along with the HPAC committee letter, when required) to the schools to which the student is applying.
- **Incorporate reference to type of program for which you are recommending the student (medical, dental, veterinary, etc.)**
- **Describe how long and the circumstances under which you have known the applicant.**
- **Evaluate the student's performance and his or her suitability for the program. Provide specific examples to illustrate your assessment. Focus on the applicant (rather than on peripheral details about the course, lab, assignment, etc.) and behaviors that you have observed directly (if you include any indirect observations, please make that explicit in your letter). You do not need to comment on the applicant's activities outside your purview.**
- **If the applicant has been your student, it is helpful to have your comments on the student's academic performance, especially in comparison to others in the class or to other pre-health students you have previously recommended for medical school or other health profession programs. References to lab work, exam scores, and class participation are pertinent.**
- **The student will not have access to your letter if (A) above is checked. Attach this waiver form with this letter and mail to:**

The Health Professions Advisory Committee
Skidmore College
815 North Broadway
Saratoga Springs, NY 12866

PLEASE SUBMIT LETTERS BY APRIL 20th