



DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE

LETTER OF RECOMMENDATION WAIVER FORM

TO THE APPLICANT:

This letter of recommendation waiver form is for letters written by members of the faculty at Boston University, faculty members at other universities where you have studied, and outside employers. Please complete the top section of this form by signing and marking if you waive your right of access to your recommendation. Once signed, give this form to your recommender to sign and return to the GMS Office with their recommendation letter.

Under the Family Education Rights and Privacy Act of 1974, Boston University students are entitled to have access to letter of evaluation contained in their permanent educational records at Boston University. Students, however, may waive this right of access to ensure confidentiality of an evaluator. Please check below if you do or do not waive your right of access and then sign below your statement:

- ☐ **I WAIVE MY RIGHT OF ACCESS** to the content of my recommendation folder and ask that Boston University hold it in confidence so that it is available only to the University and to the professional schools to which I apply.
- ☐ **I DO NOT WAIVE MY RIGHT OF ACCESS** to the contents of my recommendation folder.

Name (print): _____

BU ID#: _____

Signature: _____

Date: _____

TO THE EVALUATOR:

Please assess the above named student's intellect, personality, and character—particularly those qualities that bear on his or her promise as a physician, dentist, or other health professional—in a formal letter of recommendation. It would be helpful to note the state of the student's preparation for medical study and ability in writing and/or independent work. The listing of any special honors or awards, unusual interests, abilities, and accomplishments that are of relevance is also helpful. Please indicate how long you have known the student, and list the course(s) you have taught him/her, if applicable. **Your statements will be sent directly to the professional schools to which the student is applying.**

Recommendations should be written on your official stationery and use the general salutation "Dear Admissions Committee."

Please attach your letter to this signed waiver form and email to mams@bu.edu or, mail to:

Division of Graduate Medical Sciences
Attn: Dianna Rivera
72 East Concord Street, L-317
Boston, MA 02118