



Medical Campus  
72 East Concord Street, Room R-1017  
Boston, MA 02118-2526  
T 617-358-9518

## **RECOMMENDER INSTRUCTIONS**

### **DEAR EVALUATOR:**

Please assess \_\_\_\_\_ (student's full name), academic accomplishments, personality, and character—particularly those qualities that bear on his or her promise as a 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 dental 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.

**The above-named student has waived her/his right to access.**

### NOTE:

Recommendations should be written on your official stationary and **signed with an original signature**. Letters should use the general salutation "Dear Admissions Committee."

**Letters may be emailed to (PREFERRED)**  
[ohs@bu.edu](mailto:ohs@bu.edu)

### **If mailed they should be sent to:**

Boston University Chobanian & Avedisian School of Medicine  
Graduate Medical Sciences, L317  
72 East Concord Street, Room R-317  
Boston, MA 02118-2526  
Attn: Dr. Theresa A. Davies