



**WRIGHT STATE
UNIVERSITY**

**College of Science & Mathematics
PreHealth Program**
106 Oelman Hall
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435-0001
(937) 775-4226

www.wright.edu/cosm/premed/

Date: _____

To: _____

From: _____ E-mail _____

I took your course _____ during (semester) _____ of year _____ **(OR)**

I know you through: _____

I am applying to **dental school** for fall _____ and would like a letter of recommendation from you to accompany my application.

- I waive the right to access your letter
- I DO NOT waive the right to access your letter (If this is checked, the premedical advisor's office will not submit a student's letters to dental schools and it becomes the student's responsibility to have the letter writers send the letters directly to each dental school.)

Please keep your letter to one page, print it on letterhead and sign it, including your title.

Please include comments on as many of the following as you can (also see suggestions below):

- how long and how well you know me
 - my performance in your course
 - how you think I compare to other pre-dental students at WSU
 - my research in your lab
 - any interactions you have had with me
 - other _____
- | | |
|---|--|
| <ul style="list-style-type: none"> a. commitment to learning b. communication skills c. interpersonal skills d. maturity, coping ability e. intellectual curiosity f. problem-solving skills g. critical thinking skills h. initiative, perseverance i. independent thinking j. flexibility/adaptability k. reliability/dependability l. concern/respect for others | <ul style="list-style-type: none"> m. empathy, compassion n. judgment o. motivation for medicine (depth of commitment, genuineness) p. stress management q. personality, sense of humor, resilience r. emotional stability s. self-confidence t. honesty u. sensitivity towards others of diverse backgrounds v. extracurricular involvement |
|---|--|

Please address your letter **"To Whom it May Concern"** since your letter will be sent to multiple dental schools.

Please mail your completed letter and this waiver form to:

*PreHealth Program
106 Oelman Hall
Wright State University
Dayton, Ohio 45435-0001*

Thank you. _____
(signature)