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______________________________________________________________

  a. commitment to learning  m. empathy, compassion
  b. communication skills  n. judgment
  c. interpersonal skills  o. motivation for medicine (depth of commitment, genuineness)
  d. maturity, coping ability  p. stress management
  e. intellectual curiosity  q. personality, sense of humor, resilience
  f. problem-solving skills  r. emotional stability
  g. critical thinking skills  s. self-confidence
  h. initiative, perseverance  t. honesty
  i. independent thinking  u. sensitivity towards others of diverse backgrounds
  j. flexibility/adaptability  v. extracurricular involvement
  k. reliability/dependability
  l. concern/respect for others

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
Room 106 Oelman Hall
Wright State University
Dayton, Ohio  45435-0001

Thank you. ______________________________ (signature)