



BUFFALO STATE

The State University of New York

Pre-Health Advisement Committee Letter of Recommendation Form

Candidate's Name: _____

Major: _____ Year of graduation: _____

In compliance with the Family Educational Rights and Privacy Act of 1974, the candidate may have access to this reference unless access is waived by completing the following statement:

I, _____ waive my right to access to this reference.
Candidate's Name

Candidate's signature

DATE

The above named student is applying to a professional health school. Please comment on the academic, professional, personal and social qualities of the candidate to the extent that you have been able to determine. Guidelines for writing an effective letter of evaluation for a medical school candidate can be found here:

<https://students-residents.aamc.org/prehealth-advisors/guidelines-writing-letter-evaluation>

Reference Name (Please print)

Please submit your letter to:

Shannon Casterline
Pre- Health Coordinator
1300 Elmwood Avenue
Biology Department, SAMC 337
Buffalo, NY 14222 or send a signed
PDF to: prehealth@buffalostate.edu

Reference signature

Official position