

Temple University
Office of Pre-Professional Health Studies (OPPHS)

PROFESSIONAL SCHOOL RECOMMENDATION FORM

To be completed by STUDENT:

Please fill in the required information, sign and submit this form to the person from whom you are requesting a recommendation.

Name: _____ **TU ID#:** _____

Email Address: _____ **Phone#:** _____

Address: _____
Street City State Zip Code

Recommendation needed for the following Health Professional School or Program (Circle One):

Medicine, Dentistry, Pharmacy, Optometry, Podiatry, Veterinary, Physical Therapy, Occupational Therapy, Physician Assistant

For the entering class of _____ **NOTE:** Recommendation letters for other schools/programs should be sent by letter writers directly to the program. Any exceptions need prior approval from the OPPHS.

I authorize _____
Name Title Department

to write a letter of recommendation on my behalf.

Please check below whether or not you wish to waive your rights to see your recommendations. Keep in mind that academic officials place more confidence in appraisals which you have not seen.

I DO _____ I DO NOT _____ waive my right to see the following recommendation (“**I DO WAIVE**” means you cannot see your recommendation. “**I DO NOT WAIVE**” means you can see your recommendation).

Student’s signature: _____ **Date:** _____

To be completed by AUTHORIZED PERSON WRITING RECOMMENDATION:

NOTE: Please type your recommendation on letterhead, addressed to “*Dear Admissions Committee.*”
Send the signed, original letter along with this completed form to:

Office of Pre-Professional Health Studies
1810 Liacouras Walk, Suite 100
Temple University, Philadelphia, PA 19122

Please check the recommendation which, in your opinion, applies to the student in question:

_____ Very highly recommended _____ Recommended with reservation
_____ Highly recommended _____ Not recommended
_____ Recommended

Name: _____ **Title:** _____ **Dept:** _____
(please print)

Signature: _____ **Date:** _____ **Name of Institution:** _____