

Template for Letter of Recommendation

Student fills in information in **black**.

OSA fills in information in **gray**.

Information in **red** is fixed, do not delete or edit.

After completing the information below, save a copy of the template and attach it to the email message to osahelp@uic.edu. Make sure to include the Student Request Form (SRF).

[Date]

[Full Name of Addressee]

[Name of Organization]

[Street Address]

[Additional Address Info.]

[City, State Zip Code]

**Re: [Student's Full Name], Letter of Recommendation for
[Name of What Letter is For – e.g., scholarship, fellowship, research, etc.]**

Dear [Name of Addressee (e.g. Scholarship/Selection Committee) – if person,
Dr./Senator/Representative/Mr./Ms., etc. + Last Name]:

I am pleased to write a letter of recommendation for [Mr./Ms.] [Student's Full Name] who is applying for the [Name of What Letter is For]. [Student's First Name] is a [first, second, third, fourth] year medical student who received [his/her] [B.A., B.S., other-Student fills in] degree in [major/major with a minor in-Student fills in] from [Name of Undergraduate Institution-need to include "the" if appropriate], where [he/she] graduated with [honors-if applicable; a GPA of –if applicable]. [Student's First Name] was [Student fills in any undergraduate honors, awards, honor societies, scholarships, etc. and whether received, selected, inducted, or awarded]. [Student's First Name] was actively involved in [fill in any extracurricular activities with leadership positions held, community service, etc.]. [Student's First Name] performed research in the lab of Dr. [Full Name of Research Advisor] in the Department of [Name of Department] at [Name of Institution]. [Student fills in brief description of student's responsibilities for the research and/or brief description of the research]. The research resulted in [number-fill in] [publication(s)/ poster presentation(s)/ abstract(s)/ other-Student fills in]. [Student fills in any other additional research experiences with same information above for each experience].

(OPTIONAL SECTION; ONLY IF APPLICABLE) Prior to medical school, [Student's First Name] [Student fills in any other degrees with all of the same information detailed above and/or Student fills in any work experiences, etc. did between college and medical school and /or Transfer Student fills in where began medical school, dates (years) of attendance, any honors, awards, scholarships, extracurricular/leadership activities, research, etc. in same format as detailed above].

[Student's First Name] entered the University of Illinois College of Medicine at Chicago (UIC COM) in [month] of [year] and has distinguished [himself/herself] as a [OSA fills in]. [He/She] has been [Student fills in any medical school honors, awards, AΩ A, ISP, scholarships, etc. and whether received, selected, inducted, or awarded]. [Student's First Name] has demonstrated initiative and leadership skills through [his/her] involvement in [Student fills in any extracurricular activities with leadership positions held, brief description of leadership activities and outcomes, etc.].

[Student's First Name] *has also demonstrated* commitment to community service as well as public and civic affairs through [his/her] *volunteer work*. [He/She] *has been actively involved in* [Student fills in volunteer, community service, mentoring, etc. activities].

(OPTIONAL SECTION; ONLY IF APPLICABLE) [Student's First Name] *has also demonstrated a level of interest in research*. [He/She] *has performed research in the lab of Dr.* [Full Name of Research Advisor] *in the Department of* [Name of Department] *at* [Name of Institution]. [Student fills in brief description of student's responsibilities for the research and/or brief description of the research]. *The research resulted in* [number-fill in] [publication(s)/ poster presentation(s)/ abstract(s)/ other-Student fills in]. [Student fills in any other additional research experiences with same information above for each experience].

In my observation of [Student's First Name], [he/she] *clearly has* [OSA fills in]. *Therefore, I* [OSA fills in] [him/her] *as* [OSA fills in] *candidate for the* [Name of What Letter is For] *and give* [him/her] *my full and unqualified support*.

Sincerely yours,

Kathleen J. Kashima, PhD
Senior Associate Dean for Students

cc: Dr. [Full Name of Student's Advisor]
Student File
[OSA Advisor's initials]