

MASTER OF PHYSICIAN ASSISTANT PROGRAM

The University of Findlay
College of Health Professions
1000 N. Main Street, Findlay, OH 45840
(419) 434-4529

LETTERS OF RECOMMENDATION FORM

GUIDELINES FOR LETTERS OF RECOMMENDATION:

- Applicants are to submit 3 letters of recommendation as part of their Supplemental Application data. These letters must span the three dimensions described below. *If your CASPA recommendation letters meet the three dimensions described below you do not need to obtain three additional letters. If the letters submitted with your CASPA application do not meet the dimensions described below, you are strongly advised to obtain the three described letters of recommendation.***
 - *One letter must be from a PA-C, MD, DO or CRNP and reflect on your motivation for becoming a PA*
 - *One letter must be from an academic reference attesting to your intellectual abilities.*
 - *One letter must be from a work-related supervisor or colleague who could reflect on your personal qualities.*
- Applicants must use separate form for each individual writing a letter; the form must note the applicant's FERPA response (see below) and signature.**
- Persons who are writing letters on your behalf must sign this form (acknowledging awareness of your FERPA response) and attach it to your letter of recommendation and place in a sealed envelope. Authors of your letter of recommendation should place their signature over the envelope seal to assure authenticity.**
- Sealed letters of recommendation must be submitted with the Supplemental Application Packet.**

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ATTENTION APPLICANT:

Under the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, students are entitled to review their records. including letters of recommendation. However, both those individuals writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will remain confidential. It is your option to waive or retain your right of access to these recommendations. Please mark the appropriate response below and sign your name:

I waive my right to review this recommendation. I do not waive my right to review this recommendation.

Applicant's Signature: _____ Date: _____

Name (print): _____

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Signatures:

Author of Letter: Name (print) _____ Signature _____

Applicant's Name (print) _____ Signature _____