UCLA PHYSICS AND BIOLOGY IN MEDICINE IDP

Letter of Recommendation

This Part to be Completed by the Applicant

Name, as given on the application _____
Last First Middle

Address _____
Street City State Zip Code Country (if not U.S.)

E-mail Address _____ Phone _____

Applicant's Statement:

I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, for admission consideration for graduate status. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this statement from (Name of Recommender): _____

I do not agree to waive access to this statement from (Name of Recommender): _____

Signature of Applicant _____ Date _____

Please email this form to your recommender.

This Part to be Completed by the Recommender

To the Recommender: We would appreciate your opinion of _____, an applicant for graduate admission to UCLA. The University is particularly interested in an evaluation of the applicant's potential for academic and professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation are also appreciated, if pertinent. The experience upon which your opinion is based should be described. Rankings should be related to other students in the same class or academic program or other persons of comparable experience. Please attach your letter of recommendation to this completed document.

	Truly Exceptional	Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	No Basis for Judgment
Intellectual ability	☐	☐	☐	☐	☐	☐	☐	☐
Imagination and creativity	☐	☐	☐	☐	☐	☐	☐	☐
Ability in oral expression	☐	☐	☐	☐	☐	☐	☐	☐
Writing ability	☐	☐	☐	☐	☐	☐	☐	☐
Quality of previous work	☐	☐	☐	☐	☐	☐	☐	☐
Research aptitude	☐	☐	☐	☐	☐	☐	☐	☐
Promise as a professional in the	☐	☐	☐	☐	☐	☐	☐	☐

How long have you known this applicant? _____

In what capacity? _____

_____
Recommender's Name (Please Print) Position or Title

_____
Name of Institution or Business Address

_____
Phone Email Signature Date

RECOMMENDER - Please email this cover form and the letter of recommendation to pbm@mednet.ucla.edu