



REFERENCE VERIFICATION FORM

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: _____

Phones: (home) _____ (work) _____ (cell) _____

SFSU ID# _____ E-Mail: _____

ADDRESS: _____

INDICATE AREA OF PRE-HEALTH STUDIES:

Pre-Medicine Pre-Pharmacy Pre-Dentistry
 Pre-Optometry Pre-Veterinary Other _____

LETTERS CAN NEVER BE REMOVED, REGARDLESS OF CONFIDENTIALITY STATUS!

You are responsible for contacting each of your evaluators to request a letter of recommendation on your behalf. You must arrange for the delivery of this form to each evaluator, and each evaluator must include this form with their letter. Once received, your letter of recommendation will be retained in the Office of the Health Professions Letter-Forwarding Service. Upon your request, copies of it will be forwarded to all health professions schools you have chosen, *provided that your fees have been paid*. The Family Education Rights and Privacy Act of 1974, as amended, provides that you may waive your right to inspect this letter. Indicate below your preference and sign in the space provided. Although you are not required to waive your right to access, some evaluators may be quite uncomfortable, or unwilling, to write a non-confidential letter. The Health Professions Letter-Forwarding Service recommends that you waive your right of access to this letter, because this will enhance the letter's level of completeness, candor, and credibility in the eyes of the health professions school.

Check one:

Letter is confidential. I waive any rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies.

Letter is **NOT CONFIDENTIAL**. I do not waive my right of access.

Signature of Applicant

Date

RECOMMENDER: SEE OTHER SIDE

INSTRUCTIONS FOR RECOMMENDER

RECOMMENDER'S NAME: _____

The San Francisco State University student named on the reverse side of this form is requesting a letter of recommendation from you as part of their application to health profession schools. Letters of recommendation play an essential role in the admissions process. Please consider the following guidelines in completing your letter of recommendation:

- 1) **Do you know the applicant well enough?** If you do not know the applicant well enough to write an informative letter of recommendation, please return this form to the applicant. You might also explain the basis of your insufficient knowledge of them.
- 2) **Deadline:**_____. You and the applicant should agree on a realistic deadline by which your letter arrives in the HPAC office, San Francisco State University. Applicants may be declined admission to health profession schools because letters of recommendation have not been received on time. Clearly, your completing the requested letter in a timely manner is important to the success of the applicant.
- 3) **Nature of the Relationship.** Briefly describe the capacity in which you know the applicant, how well you know them, and the period of time you have known them.
- 4) **Performance in Class.** If the applicant was a student in one or more classes you teach, indicate their grade and rank in these classes. Indicate the group to which you are comparing the student. Describe the quality of their performance.
- 5) **Applicant's Qualifications.** Comment only on the areas in which you feel sufficiently informed. Consider discussing the applicant's accomplishments, personal attributes, and abilities that relate to their potential in the health profession they have chosen. Note any special strengths and/or weaknesses. More specifically, consider the applicant's intellectual abilities, work habits, creativity, leadership, communication skills (verbal and written), skills in interpersonal relationships, maturity, and emotional stability.
- 6) **English as a Second Language.** If English is a second language for your student, comments on their ability to speak and write English are appreciated by admissions committees.
- 7) **Format.** Begin the letter with: Dear Committee on Admissions: or To Whom It May Concern: Use professional letterhead. Sign by hand in ink. Send the original letter, not a copy, to:

**Health Professions Letter-Forwarding Service
College of Science and Engineering, TH 323
San Francisco State University
1600 Holloway Ave.
San Francisco, CA 94132**

- 8) **Confidentiality.** The applicant must sign the reverse side of this form, and indicate whether or not the letter is confidential. It is your right to refuse to write letters that are not confidential. Applicants with HPLFS accounts are not permitted to see confidential letters, and may see only copies of non-confidential letters. Letters received by the HPLFS Office without an accompanying form are assumed to be confidential. Please return this form with your letter of recommendation.
- 9) **Letter Packets.** By sending your letter of reference to the HPLFS Office, you are agreeing to having it included in packets of letters sent to health professions schools on the applicant's behalf. Included with each packet is a cover letter signed by the HPLFS Director briefly introducing the applicant and explaining SFSU's grading system. For any packet, the applicant has a right to include all letters in their file or any subset of those letters.