



Pre-Health Professions Office
Charles E. Schmidt College of Science
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Pre-Health Professions Office Recommendation Form

Student Name: _____

Student ID #: _____

I WAIVE MY RIGHT TO ACCESS TO MY CONFIDENTIAL FILE IN THE PRE-HEALTH PROFESSIONS OFFICE, CHARLES E. SCHMIDT COLLEGE OF SCIENCE, FLORIDA ATLANTIC UNIVERSITY.

Student Signature: _____ Date: _____

To: Faculty or Professional Reference
From: Pre-Health Professions Office
RE: Recommendation letters

Thank you for agreeing to provide a recommendation for one of our Pre-Health Professional students at Florida Atlantic University. Your input is greatly appreciated.

Please attach a letter to this form describing your interactions with the student and your overall judgment regarding their qualifications for admission to a health professions school (i.e. Dental, Medical, Optometry, Pharmacy, Podiatry, Veterinary etc.).

Letters should be completed on your letter head and submitted as soon as possible to the Pre-Health Professions Office at the address listed above. Please address all letters to "Admissions Committee".

If you have any questions feel free to contact Jodiene Johnson by email at preprof@fau.edu or by phone at 561-297-3307.