

# University of Central Florida College of Medicine

## Letter of Recommendation Request Form

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Name \_\_\_\_\_ Class \_\_\_\_\_

***\*Please attach a current curriculum vitae and any other relevant application information.***

**LETTER OF RECOMMENDATION DUE BY:** \_\_\_\_\_

***\*Expect a two-week turnaround time for completion.***

**Letter Requested from:**

- ☐ Dr. Marcy Verduin, Associate Dean for Students ☐ First Available
- ☐ Dr. Manette Monroe, Assistant Dean for Students
- ☐ Dr. Sergio Salazar, Assistant Dean for Students

**Letter of Recommendation for:**

- ☐ Away rotation ☐ Scholarship
- ☐ Fellowship ☐ Externship
- ☐ National student organization position ☐ Other \_\_\_\_\_

**REQUIRED - Address the Letter of Recommendation to the following:**

School/Program \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Upon completion of the letter:**

- ☐ Please email me at \_\_\_\_\_ when the letter is ready to be picked up.
- ☐ Please fax to \_\_\_\_\_.
- ☐ Please mail the letter.
- ☐ Please email the letter to \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please submit this form to Shelia Ellison in the Office of Student Affairs, 407-266-1351, shelia.ellison@ucf.edu.