

# 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. Jonathan Kibble, 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 \_\_\_\_\_

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**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](mailto:shelia.ellison@ucf.edu).