

University of Central Florida College of Medicine

Letter of Recommendation Request Form

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
☐ Dr. Soraya Smith, Assistant Dean for Students

Letter of Recommendation for:

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

I give permission, at the writer's discretion, to discuss my grades and/or other aspects of my academic performance if applicable in my letter of recommendation.

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.