

# 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. Jonathan Kibble, Interim Associate Dean for Students     First Available

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.