

Graduate & Medical School Recommendation Request

All requests should be submitted to
drewscholars@cns.msu.edu



Contact Information

Name	
Incoming Year	
Cell Phone	
E-Mail Address	

Documents

Staff member you are requesting write the letter	
Are you requesting a form or letter?	
How many letters are you requesting?	
How are the letter/s to be submitted? (E-mail, online form submission, through post)	If e-mail, provide submission link
	If online, provide student number and log in information
	If post, provide mailing address
Include in the e-mail with this form:	Unofficial Transcript (www.stuinfo.msu.edu)
	Draft of personal statement or essay
	Updated expanded resume (including relevant coursework and activities)

Program Details

Name of Program	
Contact Information / Mailing Address of Program	
Link and/or brief description	
Application Deadline	

Short Answers

What evidence do you have of your ability to be successful for this program? Please list academics, research, clinical experiences, shadowing, etc.

What positive attributes has your recommender witnessed? Give specific examples.

Is your recommender familiar with your work ethic and level of motivation? In what ways? Give specific examples.

When was the last time you had contact with your recommender and what was the nature of the interaction?

Our Policy

If the above points are addressed and included, the request will be forwarded to the appropriate staff member for review.

Ideally, requests will be made three (3) weeks in advance of the application due date. Requests made with less notice will be handled on a case-by-case basis, but must still be made through the above process. No request is guaranteed to be honored, regardless of date requested.

Thank you for completing this request form.