

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.